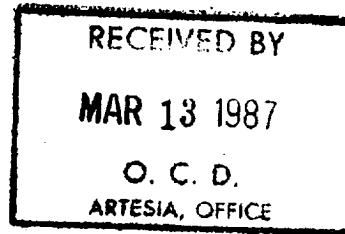


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Mallon Oil Company

Address  
1099 18th Street, Suite 2750, Denver, CO 80202

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco-Federal	Well No. 10	Pool Name, including Formation Brushy Draw, <del>Cherry Canyon</del> <i>Delaware</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-38636
Location				
Unit Letter <u>E</u> : <u>1650'</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 South</u> Range <u>29 East</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Conoco	P.O. Box 1267, Ponca City, OK 74603 <i>Part ID-2</i>	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 27
	Twp. 26S	Rge. 29E
	Is gas actually connected?	When
	Yes	2-17-87 <i>3-22-87 comp &amp; BK</i>

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]*  
\_\_\_\_\_  
(Signature)  
Engineer  
\_\_\_\_\_  
(Title)  
03-11-87  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1987, 19  
BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
TITLE \_\_\_\_\_ Supervisor District II

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 deviation 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.	Dill. Res'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
1-20-87	2-17-87		5073'			5023'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
2885.4' KB, 2882.4' GL	Cherry Canyon		4886'			4874'			
Perforations					Depth Casing Shoe				
4886-87', 4889', 4898', 4900-01', 4911-12', 4918', 4921-22', 4930-31', 4936', 4938-40', 4945-46', 4950-51', 4955', 4959', 4962-63', 1-SPP					5067'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8" 24 #/ft		485'		538 SX				
7 7/8"	5 1/2" 15.5 #/ft		5067'		480 SZ				
	2 7/8"		4824'						

#### 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-20-87	2-27-87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
26 Hours	NA	NA	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	97 Bbl	184 Bbl	32.84 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