

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

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JAN 24 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 3

I. Operator  
Mallon Oil Company

Address  
2750 Security Life Building, Denver, CO 80202

Reason(s) for filing (Check proper box)

<input 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 Ribeyowids <sup>F<sub>2</sub></sup>	Well No. #16	Pool Name, including Formation Undes. Gallun	Kind of Lease State, Federal or Fee Federal	Lease No. NM 40645
Location Unit Letter <u>P</u> : <u>860</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>25 North</u> Range <u>2 West</u> , NMPM. Rio Arriba 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"/> Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gavilan Joint Venture	Address (Give address to which approved copy of this form is to be sent) 2850 Security Life Building, Denver, CO 80202
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>2</u> Twp. <u>25N</u> Rge. <u>2W</u>	Is gas actually connected? <u>yes</u> When <u>1-3-86</u>

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.

IV. CERTIFICATE OF COMPLIANCE

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.

Kevin H. McCoy  
(Signature)  
Agent  
(Title)  
1-23-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 24 1986  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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 multiply completed wells.