

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

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APR 28 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Mallon Oil Company</u>	
Address <u>1616 Glenarm Pl., Suite 2850, Denver, Colo. 80202</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Johnson-Federal 12</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Gavilan-Greenhorn-Graneros-Dakota and Gavilan-Mancos</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-43752</u>
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>960</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>2502 W. Main, Farmington, NM 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gavilan Joint Venture</u>	Address (Give address to which approved copy of this form is to be sent) <u>1616 Glenarm Pl., Suite 2850, Denver, CO 80202</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>11</u>
	Twp. <u>25N</u>	Rge. <u>2W</u>
	Is gas actually connected? <u>Yes</u> When <u>1/86</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.

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)
Production Assistant
(Title)
04-25-86
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] APR 28 1986
BY [Signature]
TITLE [Signature] 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.