

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1
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JAN 24 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Howard 1	Well No. #11	Pool Name, including Formation Undes. Gallup	Kind of Lease State, Federal or Free Federal	Lease No. NM 40644
Location Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1675</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>25 North</u> Range <u>2 West</u> , NMPM, Rio Arriba County				

II. 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>K</u> Sec. <u>1</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.

III. 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.

Karin L. McCoy
(Signature)
Agent
(Title)
1-23-86
(Date)

OIL CONSERVATION DIVISION
FEB 24 1986

APPROVED _____
BY Frank J. C...
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.