

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
JAN 26 1987  
OIL CON. DIV.  
DIST. 3

I. Operator  
Mallon Oil Company

Address  
1099 18th Street, Suite 2750, Denver, CO 80202 (303) 293-2333

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 type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Please also note the Operator's new address and phone number.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howard-Federal 1	Well No. 11	Pool Name, including Formation Gavilan-Mancos	Kind of Lease State, Federal or Fee	Fee and Federal	Lease No. NM-40644
Location Unit Letter <u>K</u> : <u>1350</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>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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phelps Dodge Refining Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 20001 El Paso, TX 79998
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>1/86</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.

Rolaine J. Gray  
(Signature)  
Production Assistant  
(Title)  
01-22-87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED Frank J. Gray JAN 26 1987  
BY \_\_\_\_\_  
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.