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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azlec, NM 87410	DEQUEET FOR	ALLOWAR	1 F AND A	1711001				
Ī.	REQUEST FOR							
Uperator TO TRANSPORT OIL AND N				Well API No.				
Mallon Oil Company Address			30039239750051					
999 18th Street, Suite	1700, Denver,	CO 80202	2					
Reason(s) for Filing (Check proper box)  New Well			Other	(l'lease expla	in)	·		
Recompletion	Change in Tra Oil Dr	, – ,						
Change in Operator	Casinghead Gas 🗓 Co	•						
If change of operator give name and address of previous operator	<u> </u>					· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEASE		·····					
Lease Name	Well No. Pool Name, Including Fore						Lease No.	
Post Federal 13 Location	6	Mancos Con			filler red	NM-437	53	
Unit Letter <u>F</u>	:1850Fe	et From The	North Line	ınd <u>167</u>	<u>)                                    </u>	et From The <u>We</u>	st	Line
Section 13 Townshi	p 25N Ra	nge 2W	, NMI	PM, R	io Arril	<b>)</b> a	Cc	ounty
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)							
Giant Refining Company	P.O. Box 256, Farmington, NM 87499							
Name of Authorized Transporter of Casinghead Gas 区 or Dry Gas [ ] Mallon Oil Company			Address (Give address to which approved copy of this form is to be sent) 999 18th St., Suite 1700, Denver, CO 8020					.000
If well produces oil or liquids,	Unit Sec. Tv	p.   Rec.	is gas actually		ulte 1/		, 00 80	202
give location of tanks.	F 13 2		Yes	connected:	11/8			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or poo	l, give comming!	ing order numbe	r:				
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back San	ne Res'v Diss	Res'v
Date Spaidded	Date Compl. Ready to Pro	l xl.	Total Depth		<u> </u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Torations			<u> </u>			Depth Casing Shoe		
						Testin Casing Si	ioe	
	TUBING, CA		CEMENTIN	G RECOR	D			
HOLE SIZE	CASING & TUBI	NG SIZE		EPTH SET		SAC	KS CEMENT	
							·	
V. TEST DATA AND REQUES	 ST FOR ALLOWAB	LE						
OIL WELL (Test must be after r	recovery of total volume of l	oad oil and must					iul 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Met	hod (Flow, pu	ımp, gas lift, e	(c.)		177
Length of Test	Tubing Pressure		Casing Pressure			CHOKe Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			GaS/MM 7 1993		
						OIL CO	VI DIV	
GAS WELL Actual Prod. Test - MCF/D		·						· .
Actual Frod. 1881 - MCFAD	Length of Test		Bbls. Condensate/MMCF			Gravity of Soldensand		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC					10000	ATION D	\/\C\C\:	
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved JUN7 1993					
Theres a Mca.	idiews				 کیک	d	/	
Signature Theresa A. Mcandrews	SUPERVISOR DISTRICT 13							
Printed Name 5/18/93	Production As Ti (303) 293-2	tle	Title_			on bistric		
Date	(303) 293-2. Telepho							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes