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

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

Form C-104 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Astonia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Mallon	Oil Compan			30-039-24044						
Address			. 2750	Donz	er, CO	80202				
	8th Street	, Sui	te 2/50		lease explain			<del></del>		
Resson(s) for Filing (Check proper ba New Well Recompletion	Oil C		Transporter of:		•	<del> </del>	tyw are			
Change in Operator	Casinghead (	Gas 🔯	Condensate	]						
f change of operator give name and address of previous operator						··-			<del></del>	
I. DESCRIPTION OF WEI	L AND LEAS	SE			Commun	itized F	ederal			
well No. Pool Name, Inclu							of Lease No.  Federal or Fee NM-04077			
Davis-Federal Comm	. 3	-15	Undesig	nated-Mesave	rde	State, rec	eau or rec	NM-040	777	
Location Unit Letter	:79	5	Feet From The	South Line as	2145	Feet 1	From The	East	Line	
Section 3 Tow	nship 25N		Range 2	W , NMP	4,	Rio Arri	iba		County	
II. DESIGNATION OF TR	ANSPORTER	OF O	IL AND NAT	TURAL GAS						
Name of Authorized Transporter of O	Address (Give a	Address (Give address to which approved copy of this form is to be sent)								
Permian Corp.					P.O. Box 1702, Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of C		X	or Dry Gas	Address (Give a	idress to which	h approved co	py of this for NM R	<b>m ii lo be sei</b> 7499	(u	
El Paso Natural Ga				P.O. Box 4			1, Hri 0	, 7,,,		
If well produces oil or liquids,		Sec.		ge. Is gas actually o	onnected?	When?	3/89			
rive location of tanks.	N I	11	25N 2W	yes						
f this production is commingled with	that from any other	lease or	pool, give comm	ingling order number.	n/.a					
V. COMPLETION DATA		Oil 81.11	Gas Well	New Well V	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet	ion - (X)	Oil Well	:	I LACAL LACT I	X		X I		X	
Date Spudded	Date Compl.	Ready to	Prod.	Total Depth	Α		P.B.T.D.			
•	i -	-	omp12/21/	(88) 827	7 <b>'</b>		665	8		
7/30/86 Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	ompiz/zi/	Top Oil/Gas Pay			ubing Depth			
				543	l :		565	9'		
7458' GL. Perfondions 5431,5433,544	2 5454 545	59.546	1.5463.54	68,5506,550	9,5545,5	5547,	Depth Casing	Shoe		
5549,5551,5553,5555	5.5557.5559	5561	,5563,556	57,5569,56 <u>45</u>	,5647,56	549,	827	7 <b>'</b>		
651,5653,5798,5800	π	JBING,	CASING AN	ID CEMENTING	RECORD	)				
HOLE SIZE			JBING SIZE		PTH SET			ACKS CEMI		
12½"	8 5/8"			271				B"+2%Ca		
7_7/8"	5 1/2"	17#		8277 <b>'</b>			<u>630ft<sup>3</sup>5</u>	0/50Poz	+	
							206ft <sup>3</sup> ''	B"+284f	t 3	
							50/50Po	z + 515f	t <sup>3</sup> "B"+1581	
V. TEST DATA AND REQ	UEST FOR A	LLOW	ABLE						squeeze	
OIL WELL (Test must be a	fer recovery of total	al volume	of load oil and n	nusi be apple dor for	te of sortelly	adaja pus a	lepsh or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Posteing Mean	bd (1900), public	to her all acc	.)		1	
				11/1	. 6 - 40/5		Choke Size			
Length of Test	Tubing Pres	sure		Casing Pressult	101 198	9	CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.			Mar Offir (	ON. I	DIV	Gas- MCF			
Actual Prod. During 1 est	On - Bus	Oil - Boss.			DIST. 3					
					<i>7</i> 131u					
GAS WELL				Bbls. Condensa	AMCE		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of T			1	.65 Bbl.	1				
2795 MCFCPD	Tubing Pres	HR	t-in\	Casing Pressure		/ LEIGE	Choke Size	N. M.		
Testing Method (pilot, back pr.)	- T	640 p			50 psig		Mc	tor Val	.ve	
VI. OPERATOR CERTI					-			N " C   C	<b></b>	
I hereby certify that the rules and	TICATE OF		ention	0	IL CON	SERVA	TION	DIVISIO	אכ	
Division have been complied with	regulations of the v	mation gi	ven above			11	IN A 1	.100Q		
is true and complete to the best of	my knowledge an	d belief.		Date	Approved	اں <sub>-</sub> ا	AP D BIC	u119819 1	989	
	7			Dale	Phinacc	<i></i>			,	
( Loff ( )	~ 7			_		•	3-4	). Bh		
Signature	<del></del>			-    By					STRICT#3	
Joe H. Cox, Jr.,	Product	ion M		-    _	Supi	ERVISOR DIST	versti Rict 54 :	STOW DIS	STRICT # 3	
Printed Name	(000) 0	00.00	Title	Title_		.4.1 27.01	OTHER STATE			
5/31/89	(303) 2	93-23	lephone No.	-						
Date		16	repriorie 1 W.					والمناخ والمناخ		

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.