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

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mallon Oil Company		Well API No. 30-025-21611 ✓
Address 999 18th Street, Suite 1700, Denver, Colorado, 80202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Pennzoil Exploration & Production Company, P.O. Box 2967, Houston, TX 77252-2967		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 1	Pool Name, Including Formation Kennitz, Upper Wolfcamp S.	Kind of Lease State Federal or Fee	Lease No. E - 9651
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 32 Township 16S Range 34E, NMPM, Lea 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"/> Kelly Matlaskey Oil Field Services, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 580, Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, OK 74005	
If well produces oil or liquids, give location of tanks. Unit P Sec. 32 Twp. 16-S Rge. 34-E	Is gas actually connected? Yes	When? 5/2/66
If this production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded 7/1/65	Date Compl. Ready to Prod. 12/23/65	Total Depth 14,585'	P.B.T.D. 11,011'
Elevations (DF, RKB, RT, GR, etc.) 4,108.5 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay	Tubing Depth
Perforations 1 ea. @ 10,189', 10,191', 10,195', 10,197', 10,724', 10,726', 10,732', 10,734'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe
HOLE SIZE 17-1/2" 12-1/4" 8-3/4"	CASING & TUBING SIZE 13-3/8" 9-5/8" 5-1/2"	DEPTH SET 396' 4,668' 11,011'	SACKS CEMENT 450 800 700

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature

Printed Name

Joe H. Cox, Jr. - Vice President

Date

(303) 293-2333

OIL CONSERVATION DIVISION

Date Approved NOV 08 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.