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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  
See Instructions  
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Mallon Oil Company</b>	Well API No. <b>30-025-22820</b>
Address <b>999 18th Street, Suite 1700, Denver, Colorado, 80202</b>	
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 <b>Penzoil Exploration &amp; Production Company, P.O. Box 2967, Houston, TX 77252-2967</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State 'C'</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Lovington Penn Northeast</b>	Kind of Lease <input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal or Fee	Lease No. <b>K-5187</b>
Location Unit Letter <b>A</b> : <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>20</b> Township <b>16S</b> Range <b>37E</b> , NMPM, <b>Lea</b> 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"/> <b>Texas New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>205 E. Bender, Hobbs, NM 88240-2528</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 5050, Bartlesville, NM 74005</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>20</b>	Twp. <b>16S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When? <b>2/4/69</b>

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 <b>10/30/68</b>	Date Compl. Ready to Prod. <b>1/4/69</b>		Total Depth <b>11,660</b>		P.B.T.D. <b>11,623'</b>			
Elevations (IDF, RKB, RT, GR, etc.) <b>3833 RKB</b>	Name of Producing Formation <b>Strawn</b>		Top Oil/Gas Pay		Tubing Depth <b>11,350'</b>			
Perforations				Depth Casing Shoe <b>11,658'</b>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>377'</b>		<b>360</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>4,350'</b>		<b>550</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>11,658'</b>		<b>485</b>			
	<b>2-3/8" EVE</b>		<b>11,350'</b>					

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 (pitot, 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

Date

Title

Operations

(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.