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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. 30-025-24936 |
| Address 999 18th Street, Suite 1700, Denver, Colorado, 80202 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator Penzoil Exploration & Production Company, P.O. Box 2967, Houston, TX 77252-2967 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|--------------------|
| Lease Name State 'C' | Well No. 3 | Pool Name, Including Formation Lovington Penn Northeast | Kind of Lease State, Federal or Fee | Lease No. K5187 |
| Location Unit Letter 0 : 1,980 Feet From The East Line and 660 Feet From The South Line Section 17 Township 16S Range 37E, 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"/> Texas New Mexico Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent) 205 E. Bender, Hobbs, NM 88240-2528 | | | | | |
| 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 B | Sec. 20 | Twp. 16S | Rge. 37E | Is gas actually connected? Yes | When? 6/27/69 |

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 1/7/75 | Date Compl. Ready to Prod. 2/25/75 | | Total Depth 11,674' | | P.B.T.D. | | | |
| Elevations (D.F., RKB, RT, GR, etc.) 3,841' RKB | Name of Producing Formation Penn (STRAWN) | | Top Oil/Gas Pay 11,417' | | Tubing Depth | | | |
| Perforations JET pf. 1 Hole at 11,423, 25, 28, 31, 37, 39, 45, 47, 54, 57, 59, 72, 74, 77, 79' | | | | | Depth Casing Shoe 11,644' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 17-1/2" | CASING & TUBING SIZE 13-3/8" | | DEPTH SET 381' | | SACKS CEMENT 380 | | | |
| 11" | 8-5/8" | | 4,350' | | 600 | | | |
| 7-7/8" | 5-1/2" | | 11,644' | | 375 | | | |

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
Joe H. Cox, Jr.
Printed Name
Joe H. Cox, Jr. - Vice President
Title
Operations
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

SAD