

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1. Operator Name and Address Mallon Oil Company P.O. Box 3256 Carlsbad, NM 88220 (505) 885-4596		2. OGRID Number 013925
		3. Reason for Filing Code CO Effective 06/01/96
4. API Number 30-025-30926	5. Pool Name Lovington Penn, NE	6. Pool Code 40760
7. Property Code 008798	8. Property Name State 16	9. Well Number 5

II. 10. Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn.	Feet From the	North/South Line	Feet From the	East/West Line	County
L	16	16S	37E	N/A	2310	South	900	West	Lea

11. Bottom Hole Location									
UL or lot no.	Section	Township	Range	Lot Idn.	Feet From the	North/South Line	Feet From the	East/West Line	County
L	16	16S	37E	N/A	2310	South	900	West	Lea
12. Lse Code S	13. Producing Method Code P	14. Gas Connection Date		15. C-129 Permit Number N/A		16. C-129 Effective Date N/A		17. C-129 Expiration Date N/A	

III. Oil and Gas Transporters				
18. Transporter OGRID	19. Transporter Name and Address	20. POD	21. OVG	22. POD ULSTR Location and Description
149410	ADA Crude Oil Company P.O. Box 844 Houston, TX 77001	2054410	O	L-16-16S-37E

IV. Produced Water	
23. POD	24. POD ULSTR Location and Description

V. Well Completion Data				
25. Spud Date	26. Ready Date	27. TD	28. PBTD	29. Perforations
30. Hole Size		31. Casing & Tubing Size		32. Depth Set
				33. Sacks Cement

VI. Well Test Data					
34. Date New Oil	35. Gas Delivery Date	36. Test Date	37. Test Length	38. Tbg. Pressure	39. Csg. Pressure
40. Choke Size	41. Oil	42. Water	43. Gas	44. AOF	45. Test Method

46. I hereby certify that the rules 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:

Theresa A. McAndrews

Title:

Production Technician

Date:

06/05/96

Phone:

(505) 885-4596

OIL CONSERVATION DIVISION

Approved By: ORIGINAL SIGNATURE JERRY SEXTON
DISTRICT SUPERVISOR

Title:

Approval Date

JUN 12 1996

47. If this is a change of operator fill in OGRID number and name of the previous operator.

Previous Operator Signature

Printed Name

Title

Date

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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. 30-025-30926
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 '16'	Well No. 5	Pool Name, Including Formation Lovington Penn Northeast	Kind of Lease State, Federal or Fee	Lease No. L-6806
Location Unit Letter L : 2,310 Feet From The South Line and 900 Feet From The West Line Section 16 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"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 16
	Twp. 16S	Rge. 37E
Is gas actually connected?		When? 2-25-91

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/20/90	Date Compl. Ready to Prod. 11/13/90	Total Depth 11,496'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3812. JGR	Name of Producing Formation Penn	Top Oil/Gas Pay + 11,475'	Tubing Depth					
Perforations	Prep to complete open hole from 11,456' to 11,496'		Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 420'		SACKS CEMENT 450			
11	8-5/8"		4,400'		1,540			
7-7/8"	5-1/2"		11,456'		200			

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
Title
Operations
Telephone No.
(303) 298-2333

OIL CONSERVATION DIVISION

Date Approved NOV 10 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PENNZOIL EXPLORATION & PRODUCTION COMPANY		Well API No. 30-025-30926
Address P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	First Sale of Gas - Authorize Transporter of Casinghead Gas.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE -16-	Well No. 5	Pool Name, Including Formation Lovington Northeast Penn	Kind of Lease State, NEW MEXICO	Lease No. K-6806
Location Unit Letter L : 2310 Feet From The South Line and 900 Feet From The West Line Section 16 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 - Hobbs, New Mexico 88241-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150 - Midland, Texas 79702-1150					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 16	Twp. 16S	Rge. 37E	Is gas actually connected? YES	When? 02/25/91 at 11:35 AM MST

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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
ROY R. JOHNSON - PRODUCTION ACCOUNTANT III
Printed Name
Title
Date February 25, 1991 915-682-7316
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.