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Appropriate District Office
DISTRICT I
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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

I.

Operator Mallon Oil Company	Well API No. 30-025-22261
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: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" 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 Rock Island 'B' State	Well No. 1	Pool Name, Including Formation Vacuum, Lower Wolfcamp N.	Kind of Lease State, Federal or Fee	Lease No. E-1356
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 4 Township 17S 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX 75221	
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 A	Sec. 4
	Twp. 17S	Rge. 34E
	Is gas actually connected? Yes When? Unknown	

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 9/29/67	Date Compl. Ready to Prod. 11/16/76		Total Depth 11,000'		P.B.T.D. 10,959'			
Elevations (DF, RKB, RT, GR, etc.) 4079 GL	Name of Producing Formation Lower Wolfcamp		Top Oil/Gas Pay 10,694'		Tubing Depth 10,647'			
Perforations 10,694' - 10,700'; 10,788' - 10,792'; 10,834' - 10,838'; 10,846' - 10,852'			Depth Casing Shoe 11,000'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		350'		300			
11"	8-5/8"		4100'		500			
7-7/8"	5-1/2"		1100'		785			

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 - Dbls.	Water - Dbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Dbls. 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

DEC 17 1993

Date Approved

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 well.