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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Mallard Petroleum, Inc.	
Address 1206 V & J Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain) Request temporary commingling authority. Well to be commingled with State "A" #1
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

Lease Name State "A"	Well No. 2	Pool Name, including Formation North Vacuum (Glorieta)	Kind of Lease State, Federal or Fee State	Lease No. B-1838
Location Unit Letter 0 ; 510 Feet From The South Line and 1980 Feet From The East Line of Section 24 Township 17-S Range 34-E, NMPM, Lea County				

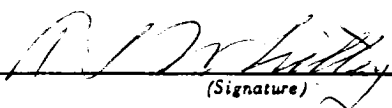
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Mobil Pipe Line Company		Box 900, Dallas, Texas 75221, Attn: D.C. Kennedy		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company		Box 447, Buckeye, New Mexico 88212		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 17-S	Rge. 34-E
				Is gas actually connected? Yes

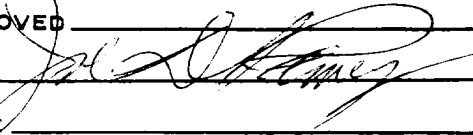
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 3-22-69	Date Compl. Ready to Prod. 11-15-69	Total Depth 7014'	P.B.T.D. 6072'					
Elevations (DF, RKB, RT, GR, etc.) 4016.8' KB	Name of Producing Formation Glorieta	Top Oil/Gas Pay 6062'	Tubing Depth 6058'					
Perforations 6062-6070' - 2 shots/ft.			Depth Casing Shoe 6877'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1665'	700					
7-7/8"	4-1/2"	6877'	900					

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 Tanks 11-16-69	Date of Test 11-21-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 17#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 19	Water-Bbls. 0	Gas-MCF 42

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. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
Production Superintendent (Title)	
November 21, 1969 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
TITLE	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	