

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mallon Oil Company		Well API No. 30-025-28283
Address 999 18th Street, Suite 1700, Denver, Colorado, 80202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input 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 Mescalero '29' Federal Comm.	Well No. 1	Pool Name, Including Formation Quail Ridge, Morrow	Kind of Lease State (Federal) or Fee	Lease No. LC068037
Location Unit Letter K : 1,980 Feet From The South Line and 1,650 Feet From The West Line Section 29 Township 19S 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"/> MacLaskey Oil Field Services, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 580, Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Corp. & Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. Unit K Sec. 29 Twp. 19S Rge. 34E	Is gas actually connected? Yes	When? 5/17/84

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) <input checked="" type="checkbox"/> Oil Well <input 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	Date Spudded 7/19/83	Date Compl. Ready to Prod. 10/12/83	Total Depth 13,680	P.B.T.D. 13,580
Elevations (DF, RKB, RT, GR, etc.) 3668.7GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,505	Tubing Depth 12,999	Depth Casing Shoe 13,680
Perforations 13,505-13,521 2JSPF (33 Holes)				
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 400'	SACKS CEMENT 420	
11	8-5/8"	5,000'	1,900	
7-7/8"	5-1/2"	13,680'	595	
5-1/2"	2-3/8"	12,999'		

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 **(303) 283-2333**

OIL CONSERVATION DIVISION
NOV 08 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 in multiple completion.