

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. 30-025-29485
Address 999 18th Street, Suite 1700, Denver, Colorado, 80202		
Reason(s) for Filing (Check proper box)		
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"/>	Other (Please explain)	
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 B.E. Shipp Estate	Well No. 1	Pool Name, Including Formation Shipp, Strawn	Kind of Lease State, Federal or <u>Lease</u>	Lease No.
Location Unit Letter <u>G</u> : 1980 Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>4</u> Township <u>17S</u> Range <u>37E</u> , NM/PM, <u>Lea</u> 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) Texas New Mexico Pipe Line Co. 205 E. Bender, Hobbs, NM 88240-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corp. P.O. Box 5050, Bartlesville, OK 74005					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>4</u>	Twp. <u>17S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When? <u>2/18/86</u>

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 11/5/85	Date Compl. Ready to Prod. 12/10/85		Total Depth 11,311'		P.B.T.D. 11,297'			
Elevations (OF, RAB, RT, GR, etc.) 3774' GR	Name of Producing Formation Strawn		Top Oil Gas Pay 11,702'		Tubing Depth 10,986'			
Perforations 11,072' to 11,133' (29 holes)					Depth Casing Shoe 11,311'			
HOLE SIZE 17-1/2" 11" 7-7/8"		CASING & TUBING SIZE 13-3/8" 8-5/8" 5-1/2" 2-7/8"		DEPTH SET 409' 4,196' 11,311' 10,986'		SACKS CEMENT 420 1,325 400		

### 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) 293-2333

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 pool in multiply completed wells