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Submit 5 Copies Appropriate District Office DISTRICTT P.O. Box 1980, Hobbs, NM 88240	State of N Energy, Minerals and Na	lew Mexico tural Resources Department	Form C-104 Revised 1-1-89
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088		See Instructions at Bottom of Page
DISTRICT III Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Azlec, NM 87410			
I. TO TRANSPORT OIL AND NATURAL CAS			
Operator		LAND NATURAL GAS	Well API No.
Mallon Oil Com Address	pany		300252'9918
New Well [] Recompletion [] Change in Operator [X]	t, Suite 1700, Denve Change in Transporter of: Oil & Dry Gas & Casinghead Gas Condensate 2 zoil Exploration & F	Uther (Please explain)	
In change of operator give name and address of previous operator Penzoil Exploration & Production Company, P.O. Box 2967, II. DESCRIPTION OF WELL AND LEASE Houston, TX 77252=2967			
Lease Name	Well No. Pool Name Includ		Kind of Lease Lease No.
Pennzoil '36' State (Location	omm. 1 Quail Ridge	e, Morrow	State) Federal or Fee VB-051
Unit Letter I 660 Feet From The East Line and 1980 Feet From The Line			
Section 36 Township 19S Range 33E NAME			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil County Name of Authorized Transporter of Oil Image of Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas P.O. Box 580, Hobbs, NM 88241			
Name of Authonized Transporter of Casin Llano, Inc.	ghead Gas or Dry Gas X	Address (Give address to which a	pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.			bs, NM 88240 When ?
IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	I
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	cepenBack Same Res'v Dilf Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
5/24/87 Elevations (DF, RKB, RT, GR, etc.)	10/21/87 Name of Producing Formation	13.690'	P.B.T.D. 13,6461
3598.3 GR	Morrow	Top Oil/Gas Pay 13, 145 '	Tubing Depth
	and the second sec	12, 142	13,058 '
	TUBING, CASING AND	CEMENTING RESORD	13,690'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	<u>13=3/8''</u>		1,525
7-77/8"	5-1/2"		3,375
V. TEST DATA AND REQUES	T FOR ALLOWABLE		3
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total volume of load oil and must	be equal to or exceed top allowable	for this depth or lie for full 24 hours.)
	Date of Test	Producing Method (Flow, pump, g	as lýt, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCI:
GAS WELL	[
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke Sije
VI. OPERATOR CERTIFIC	ATE 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.		OIL CONSERVATION DIVISION	
		Date Approved	DEC 01 19 93
Signature		By ORIGIN	AL SIGNED BY JERRY SEXTON
Printed Name Joe H. Cox, Jr Date	Vice President Operations (303) 250002 N33	Title	DISTRICT I SLIPERVISOR
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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 2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections 1, 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.

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