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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. 30-025-29980
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 Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" 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 Byers	Well No. 1	Pool Name, Including Formation Shipp Strawn	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>17S</u> Range <u>37E</u> , NMPM, <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"/> Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) 205 E. Bender, Hobbs, NM 88240-2528	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>3</u> Twp. <u>17S</u> Rge. <u>37E</u>	Is gas actually connected? <u>When?</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) Date Spudded 7/18/87 Elevations (DF, RKB, RT, GR, etc.) 3764.1 GR Perforations 11,415' to 11,551' (108 holes) 11,677' to 11,700' (93 holes)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Date Compl. Ready to Prod. 9/4/87 Name of Producing Formation Strawn	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"/> Total Depth 11,769' Top Oil/Gas Pay 11,415'	P.B.T.D. 11,615' Tubing Depth 11,345' Depth Casing Shoe 11,769'
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 17-1/2" 11" 7-7/8"	CASING & TUBING SIZE 13-3/8" 8-5/8" 5-1/2"	DEPTH SET 425' 4,210' 11,769' 11,345'	SACKS CEMENT 420 1,315 1,445

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 - Operations

Date

12-1-93

(303) 293-2333

OIL CONSERVATION DIVISION

DEC 15 1993

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

Title

DISTRICT I SUPERVISOR

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.