

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mallon Oil Company		Well API No. 30-025-30857
Address 1099 18th St., Ste. 2750, Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Request temporary permission to downhole commingle with Blinebry 30 days
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil "5" State	Well No. 1	Pool Name, Including Formation Undesignated Lower San Andres	Kind of Lease State, Federal or Foreign	Lease No. B-3009
Location Unit Letter 0 : 760' Feet From The South Line and 1750' Feet From The East Line Section 5 Township 17S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texaco Trading & Transportation, Inc.	Hook up					
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)					
Not yet connected						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	0	5	17S	36E	No	Approx 9/15/90
If this production is commingled with that from any other lease or pool, give commingling order number: Pending						

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 checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 4/29/90	Date Compl. Ready to Prod. 8/17/90 (L. San Andres)		Total Depth 9100'		P.B.T.D. 5452' (RBP)			
Elevations (DF, RKB, RT, GR, etc.) 3891.8' GL, 3907' KB	Name of Producing Formation Lower San Andres		Top Oil/Gas Pay 5272' KB		Tubing Depth 5391'			
Perforations 5328-44', 5303-22', 5272-84' 25 SPF					Depth Casing Shoe 9092'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		327'		350 sx			
11"	8 5/8"		5195'		1220 sx			
7 7/8"	5 1/2"		4996-9092'		1300 sx			

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 8/17/90	Date of Test 8/21/90	Producing Method (Flow, pump, gas lift, etc.) Rod Pumping	
Length of Test 19	Tubing Pressure N/A	Casing Pressure 32 psig	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 7.6	Water - Bbls. 0	Gas - MCF 9

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 Joe H. Cox, Jr.
Printed Name Joe H. Cox, Jr. Title Prod. Mgr.
Date 8-31-90 Telephone No. (303) 293-2333

OIL CONSERVATION DIVISION

Date Approved _____
By JERRY SEXTON
Title 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.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C-104 must be filed for each pool in multiply completed wells.