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Appropriate District Office  
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico  
Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Mallon Oil Company		Well API No. 30-025-30857
Address 1099 18th St., Ste. 2700, Denver, CO. 80202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 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		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-1-90</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil "5" State	Well No. 1	Pool Name, Including Formation Wildcat - <u>W. Livingston Blinebry</u>	Kind of Lease State, Federal or Fee	Lease No. B-3009
Location Unit Letter <u>0</u> : <u>760'</u> Feet From The <u>South</u> Line and <u>1750'</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>17S</u> Range <u>36E</u> , 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5568 TA, Denver, CO. 80217					
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)					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>5</u>	Twp. <u>17S</u>	Rge. <u>36E</u>	Is gas actually connected? No	When? WO Connection

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>4/29/90</u>	Date Compl. Ready to Prod. <u>6/26/90</u>		Total Depth <u>9100'</u>		P.B.T.D. <u>9056'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3891.8' GR</u>	Name of Producing Formation <u>Blinebry</u>		Top Oil/Gas Pay <u>7122' - 7350'</u>		Tubing Depth <u>7400'</u>			
Perforations <u>7344-50', 7310-14', 7260-75', 7242'-46' &amp; 7122-42',</u> <u>Total of 108 w/4" csg gun.</u>					Depth Casing Shoe <u>9092'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8" 48# ST&amp;C</u>		<u>326.72'</u>		<u>350 sx CL "C" + 2% CaC</u>			
<u>11"</u>	<u>8 5/8" 32# J-55</u>		<u>5195'</u>		<u>1220 sx</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>9092'</u>		<u>1300Sx</u>			
	<u>2 7/8"</u>		<u>7400'</u>					

### 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 <u>6/29/90</u>	Date of Test <u>7/4/90</u>	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>n/A</u>	Casing Pressure <u>30</u>	Choke Size <u>N/A</u>
Actual Prod. During Test	Oil - Bbls. <u>50</u>	Water - Bbls. <u>18</u>	Gas- MCF <u>80</u>

#### 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.

Geraldine Bergamo  
Signature  
Geraldine Bergamo Production Tech.  
Printed Name Title  
July 12, 1990 303-293-2333  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUL 16 1990

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.

RECEIVED

JUL 16 1990

OCD  
HOBBS OFFICE

WELL NAME AND NUMBER Mobil "5" State #1

LOCATION 760' FSL & 1750' FEL, Section 5, T17S, R36E. Lea County, New Mexico  
(New Mexico give U.S.T.&R. - Texas give S, BLK, SURV. and TWP)

**OPERATOR** Mallon Oil Company - 1099 18th Street/Suite 2750 - Denver, CO 80202

**DRILLING CONTRACTOR** ZIADRIL, Inc. - P.O. Box 1860 - Hobbs, NM 88241-1860

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees and Depth</u>		<u>Degrees and Depth</u>		<u>Degrees and Depth</u>		<u>Degrees and Depth</u>	
1/2	323	1/2	4800				
1/4	734	3/4	5185				
1/2	1140	3/4	5675				
3/4	1540	1/4	6182				
1	1920	1	6622				
1/2	2384	1/2	7156				
1-1/2	2714	3/4	7631				
1	2935	1/4	8015				
1-1/4	3323	1-1/4	8517				
1	3670						
1/2	4084						
1/4	4488						

Drilling Contractor ZIADRIL, Inc.

By Wiley Gilmore  
Wiley Gilmore - Marketing Manager  
5th day of May 1990

Subscribed and sworn to before me this

25th

Wiley Gilmore - Marketing Manager  
day of \_\_\_\_\_ May

1990

**My Commission expires:**

05/05/94

Notary Public - Julie M. Hopper  
Lea County, New Mexico