

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Saltwater Disposal Well		RECEIVED	
2. NAME OF OPERATOR Mallon Oil Company		DEC 11 '89	
3. ADDRESS OF OPERATOR 1099 18th Street Suite 2750 Denver, CO 80202		O.C.D. ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1665' FSL, 330' FEL (NE, SE)		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		8. FARM OR LEASE NAME Amoco-Federal	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 2877' KB		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Brushy Draw-Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T26S, R29E	
		12. COUNTY OR PARISH Eddy	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Recomplete as SWD Well</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Plugged back non-commercial oil producing well and recompleted as saltwater disposal well in Upper Cherry Canyon Sands, (See Attached Reports)

RECEIVED
NOV 20 11 02 AM '89
Post ID-3
12-15-89
chg from
oil well to
SWD

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Production Manager DATE 11-15-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: