

CLSF  
BP

DISTRICT 1  
P.O. Box 1980 Hobbs, NM 88240

DISTRICT 2  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

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

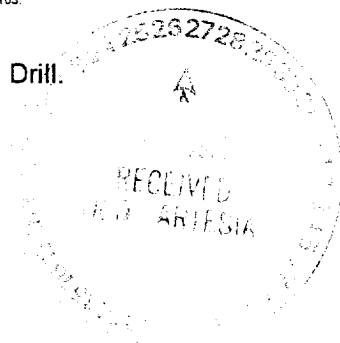
WELL APN NO.	30-015-29881
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Mallon 16 State
8. Well No.	8
9. Pool name or Wildcat	West, Black River, Delaware

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Mallon Oil Company	
3. Address of Operator P.O. Box 3256, Carlsbad, NM 88220	
4. Well Location Unit Letter <u>C</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>1680'</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>24S</u> Range <u>26E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3422' GL	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>Extension of APD</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Mallon Oil Company requests a one-year extension on Application for Permit to Drill.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Christy Serrano TITLE Production Secretary DATE 8/1/98  
TYPE OR PRINT NAME Christy Serrano TELEPHONE NO. 505-885-4596

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DATE 9-2-98  
DISTRICT II SUPERVISOR

CONDITIONS OF APPROVAL IF ANY: