

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Mallor Oil Co.

3. ADDRESS OF OPERATOR  
c/o KM Production, P.O. Box 2406, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
790' FNL & 790' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether on or off land)  
6807' GL FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.  
Cont. 434

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla 434 G

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
Unders. Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 6, T22N, R4W

12. COUNTY OR PARISH  
Sandoval

13. STATE  
NM

RECEIVED  
DEC 01 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Request for Extension <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.)\*

APD was approved December 10, 1985. Please consider this request for a 6-month extension to allow for unforeseen weather complications.

This Approval Or Temporary  
Abandonment Expires 6/3/86

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

SIGNED Kevin A. McQuinn TITLE Agent DATE 12/1/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 01 1986

John S. Keller  
AREA MANAGER

\*See Instructions on Reverse Side