

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract #435	
2. NAME OF OPERATOR Mallon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 1099 18th St., Ste. 2750, Denver, CO. 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL & 1850' FWL (SENW)		8. FARM OR LEASE NAME Jicarilla 435 G	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6853' KB, 6840' GL		10. FIELD AND POOL, OR WILDCAT Otero-Sanostee GAI.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T22N, R4W	
		12. COUNTY OR PARISH Sandoval	13. STATE NM

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) Set Packer to Produce Sanostee X	
(Other) <input 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.)*

The Menefee zone in this well has proven to be non-commercial due to high water disposal costs. On May 14 - 16, 1990 the well was reconfigured to produce the initially completed Sanostee zone. The retrievable bridge plug which had been set at 4120' to isolate the two zones (Sanostee @ 4864-5836' and Menefee 3809-32') was removed and a 4 1/2" tension packer was set between the zones at 4526' with tubing below packer landed at 5851'. The well is now being pumped from 5816' and all production from 5/16/90 will be from the Sanostee interval.

RECEIVED
JUN 29 1990
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct		ACCEPTED FOR RECORD	
SIGNED <u>Joe H. Cox, Jr.</u>	TITLE <u>Production Manager</u>	DATE <u>5/31/90</u>	
(This space for Federal or State office use)		JUN 26 1990	
APPROVED BY _____	TITLE _____	FARMINGTON RESOURCE AREA	
CONDITIONS OF APPROVAL, IF ANY:		BY <u>[Signature]</u>	DATE _____

*See Instructions on Reverse Side