

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

5. Lease Designation and Serial No.  
MDA 701-97-0013

6. If Indian, Alote or Tribe Name  
Jicarilla Apache Tribe

7. If Unit or CA, Agreement Designation  
N/A

8. Well Name and No.  
Jicarilla 28-02-05 No. 1

9. Well API No.  
30-039-26098

10. Field and Pool, or Exploratory Area  
E. Blanco, Pictured Cliffs

11. County or Parish, State  
Rio Arriba County, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other:

2. Name of Operator

Mallon Oil Company

3. Address and Telephone No.

P.O. Box 3256, Carlsbad, NM 88220

(505) 885-4596

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1760' FSL and 1760' FEL (NW SE) Unit J

Sec. 5, T28N-R02W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

## TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other: APD Ext. - Revised
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

(Note: Report results of multiple completion on Well

Completion or Recompletion Report and Log form.)

13. 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 zone.)

**Mallon Oil Company request a one (1) year extension of the approved APD for the above referenced well.**

00 MAY 15 AM 10:00  
SAN ALBUQUERQUE, N.M.

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

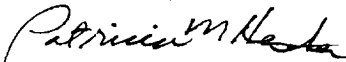
Signed

Gay Davis

Title Office Manager Date 5/12/00

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved By



Title

Lands and Mineral Resources

Date 5-17-00

Conditions of approval, if any: