Form 3180-6

I-3

(JUNE 1880)

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

FORM APPROVED

| Russea | A.zem. Me | 1004 |  |
|--------|-----------|------|--|

| Exames | March | 31 | 1001 |
|--------|-------|----|------|

|                                                                        |                                        | A TO A TO A MALE N                             | 1                                         | Ехрипе Магел 31, 1993                            |  |
|------------------------------------------------------------------------|----------------------------------------|------------------------------------------------|-------------------------------------------|--------------------------------------------------|--|
| Su                                                                     | NDRY NOTICES AND                       | REPORTS ON WELLS                               | ا ا                                       | se Designation and Serial No                     |  |
| Do not use this fo                                                     | deepen or reentry to a different ree   | Jic 4                                          |                                           |                                                  |  |
| Ut                                                                     | e "APPLICATION FOR PER                 | MIT - for such proposition A E                 |                                           | dian, Allotte or Tribe Name                      |  |
|                                                                        |                                        |                                                | 6 Jicarilla                               | Apache Tribe                                     |  |
|                                                                        | SUBMIT IN TRIPLICAT                    | E 65                                           | 7 (0)                                     | nit or CA, Agreement Designation                 |  |
| 1 Type of Well                                                         |                                        | 150 A 1/1/1.                                   | N/A                                       | and CA, Agreement Designation                    |  |
| Oil Well X Gas Well Other                                              | ;                                      |                                                | 2 = 1                                     |                                                  |  |
| 2. Name of Operator                                                    |                                        |                                                | 00 =                                      |                                                  |  |
| Mallon Oil Comp                                                        | any                                    | is a significant                               | 7 1                                       | Name and No.                                     |  |
| Address and Telephone No.                                              | <del></del>                            | 13 13                                          | / <del></del>                             | illa 464 Lease                                   |  |
| P.O. Box 2797 D                                                        | urango, CO 81302                       | (970)382                                       | 9. Well                                   | API No.                                          |  |
|                                                                        |                                        | رزيي                                           | . (2). 2                                  |                                                  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | iption)                                | C/2.112 FL 8                                   |                                           | ld and Pool, or Exploratory Area<br>Blanco Fiedl |  |
|                                                                        |                                        |                                                |                                           | unty or Parish, State                            |  |
|                                                                        |                                        |                                                | l                                         | Arriba, NM                                       |  |
|                                                                        |                                        |                                                | Nor                                       | ariba, MM                                        |  |
| 12. CHECK AF                                                           | PROPRIATE BOX(S) 1                     | O INDICATE NATURE OF N                         | OTICE, REPORT, OR OT                      | HER DATA                                         |  |
| TYPE OF SUBMIS                                                         | SION                                   |                                                | TYPE OF ACTION                            |                                                  |  |
| <b>53</b>                                                              |                                        |                                                | 20.7.0101                                 |                                                  |  |
| Notice of Intent                                                       |                                        | Abando                                         | onment Char                               | ige of Plans                                     |  |
|                                                                        |                                        | Recom                                          | pletion New                               | Construction                                     |  |
| Subsequent Rep                                                         | ort                                    | Pluggin                                        | =======================================   |                                                  |  |
|                                                                        |                                        |                                                | - H                                       | Routine Fracturing                               |  |
| Final Abandonm                                                         | ant Matina                             | Casing                                         | Repair Wate                               | r Shut-Off                                       |  |
| L Hai Abandullin                                                       | ant Notice .                           | Altering                                       |                                           | ersion to Injection                              |  |
|                                                                        |                                        | X Other:                                       | Request to Dispo                          | ose Water                                        |  |
|                                                                        |                                        | Flare Ga                                       | \$ (Note: Report me                       | title of multiple gamelating on 181.18           |  |
| 12 December 2011                                                       |                                        |                                                | Completion or Res                         | completion Report and Comm.)                     |  |
| 13. Describe Proposed or Completed Operations (Clearly state           | all pertinent details, and give pertin | ent dates, including estimated date of startin | ng any proposed work. If well is directio | nally drilled, give                              |  |
| subsurface locations and measured and true w                           | anical depths for all markers and zo   | nes pertinent to this zone.)*                  |                                           | پر ہے                                            |  |
| Mallon Oil Company is requesting                                       | Con her rate to flare                  | gas from the following                         | wells on the above                        |                                                  |  |
| referenced lease. El Paso Natural                                      | Gas nas scheduled                      | l a routine pipeline shut                      | down for maintenance                      | JUN - I AMBumber                                 |  |
| from June 5th through June 9th, 2                                      | oou and these wells                    | s are sensitive to shut-in                     | ١.                                        | m III                                            |  |
| Mar D. Marin                                                           | _                                      |                                                |                                           | Ro                                               |  |
| Well Name                                                              | Formation                              | Gas Produced                                   | Water Produced                            | ⊊APENumber                                       |  |
|                                                                        |                                        | (MCFD)                                         | (BWPD)                                    |                                                  |  |
|                                                                        |                                        |                                                | ` ,                                       | <b>Z</b> _                                       |  |
| - 3 <i>₀</i> −3 Jicarilla 464 SJ No. 1                                 | San Jose                               | 70                                             | 10                                        |                                                  |  |
| <i>9 - 30 -</i> 3 Jicarilla 464 No. 8                                  | Ojo Alamo                              | 109                                            |                                           |                                                  |  |
| 9 - 30 - 3 Jicarilla 464-29 No. 9                                      | Ojo Alamo                              | 335                                            | 22                                        | 30-039-24253                                     |  |
| 9- 30-3 Jicarilla 464-29 No. 10                                        | San Jose                               | 284                                            | 21                                        | 30-039-25765                                     |  |
| ,- 90 3                                                                | Ouii 0030                              | 204                                            | 25                                        | 30-039-25761                                     |  |
|                                                                        |                                        | 798                                            | 78                                        |                                                  |  |
| 4 I hereby certify that the foregoing is true and correct              | <del></del>                            | 7.30                                           |                                           |                                                  |  |
| 11/1                                                                   | 11-11                                  |                                                |                                           |                                                  |  |
| Signed Soften Ill                                                      | tette                                  | Title District Petr                            | oleum Engineer                            |                                                  |  |
| John Zellitti                                                          |                                        | - SCHOOL OU                                    | araani enAllicel                          | Date5/30/00                                      |  |
| HIS SPACE FOR FEDERAL OR STATE OFFICE USE                              |                                        |                                                | <del></del>                               |                                                  |  |
|                                                                        |                                        | $\wedge$                                       | _                                         | ,                                                |  |
| Approved B                                                             |                                        | Title Protro                                   | - 5-1.                                    | Date 6/1/00                                      |  |
| Conditions of approval, if any:                                        |                                        |                                                | J                                         | Date 0///00                                      |  |
| •                                                                      |                                        |                                                |                                           |                                                  |  |
|                                                                        |                                        |                                                |                                           |                                                  |  |
|                                                                        |                                        |                                                |                                           |                                                  |  |

Title 18 U. S. C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as as to any matter within its jurisdiction.