

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

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.

SUBMIT IN TRIPLICATE

| | |
|---|--|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: | 5. Lease Designation and Serial No. NM-052 |
| 2. Name of Operator Mallon Oil Company | 6. If Indian, Allottee or Tribe Name N/A |
| 3. Address and Telephone No. P.O. Box 3256, Carlsbad, NM 88220 (505) 885-4596 | 7. If Unit or CA, Agreement Designation N/A |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL and 1980' FWL (NE NW) Unit C Sec. 34, T19S-R34E | 8. Well Name and No. Mallon 34 Federal No. 6 |
| | 9. Well API No. 30-025-32617 |
| | 10. Field and Pool, or Exploratory Area NE Lea Delaware |
| | 11. County or Parish, State Lea County, New Mexico |

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

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other: Spud/Surface Csg |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> 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 spudded 14-3/4" hole at 12:00 pm 12/09/96. Drilled to 1529'. Ran 9-5/8" x 36# casing to 1529'. Cemented with 800 sks 65/35 POZ + 1/4#/sk Celloseal + 2% CaCl2 followed by 200 sks Class C + 1/4#/sk Celloseal + 2% CaCl2. PD at 5:15 pm 12/11/96. Circulate 68 sks to surface.

ACCEPTED FOR RECORD
 ORIG. SGN. DAVID H. GLASS
 JAN 8 8 1997
 BLM

RECEIVED
 JAN 2 8 45 AM '97
 30-96

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

Signed: *Duane C. Winkler* Title: Production Superintendent Date: 12/11/96
 Duane C. Winkler

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved B _____ Title _____ Date _____

Conditions of approval, if any:

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 to any matter within its jurisdiction.

