

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department.

Form C-103
Revised 1-1-89

C15F
OP

DISTRICT 1
P.O. Box 1960 Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd. Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO

30-015-29724

5. Indicate Type of Lease

State

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well
OIL ☐ GAS ☐
WELL ☐ WELL ☒ OTHER ☐

2. Name of Operator
Mallon Oil Company

3. Address of Operator
P.O. Box 3256, Carlsbad, NM 88220

4. Well Location

Unit Letter J 1330' Feet From The South Line and 1980 Feet From The East Line
Section 3 Township 24S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3329' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Spud/Surface Csg ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Mallon Oil Company spudded a 17-1/2" hole on 7/11/97. Drilled to 542'. Ran 13-3/8" x 48# H-40 casing to 495'. Cement with 70 sacks lite cement followed by 380 sacks Class C cement + additives.

Run 1", tag at 136', pump 25 sacks Class C cement + additives. Run 1", tag at 87', established circulation. Pump 225 sacks Class C cement + additives. Run 1", tag at 87', cement with 250 sacks cement, pea gravel to surface.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Duane C. Winkler TITLE Operations Manager

TYPE OR PRINT NAME Duane C. Winkler

DATE 10-6-97
TELEPHONE NO. 505-885-4596

(This space for State Use)

ORIGINAL SIGNED BY W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

DATE

OCT 20 1997

CONDITIONS OF APPROVAL IF ANY: