Form 3160-5 (September 2001)

## **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 re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

FORM APPROVED

	OMB No. 1004-0135 Expires: January 31, 2004					
/	5. Lease Serial No.					
	MDA 701-98-0013 Tract 4					
	6. If Indian, Allottee or Tribe Name					
	Jicarilla Apache Tribe					
	7. If Unit or CA/Agreement, Name and/or No.					
	33420					
	8. Well Name and No.					
	Jicarilla 29-02-18 No. 3					
	9. API Well No.					
	30-039-27594					
	10. Field and Pool, or Exploratory Area					
	East Blanco, Pictured Cliffs					
	11. County or Parish, State					
	Rio Arriba, NM					

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. Type of Well	33420						
Oil Well Gas Well L. Name of Operator	8. Well Name and No.						
Mallon Oil Co., an indirect whol	9. API Well N	Jicarilla 29-02-18 No. 3					
a. Address		3b. Phone No. (in	Water Control of the				
50 Indiana Street, Suite 400 Go	720-210-1308	•		10. Field and Pool, or Exploratory Area			
Location of Well (Footage, Sec.,				East Blanco, Pictured Cliffs			
740' FSL & 2140' FEL (NWSW lec. 18, T29N-R02W				11. County or I	,		
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NA	TURE OF NOTICE,				
TYPE OF SUBMISSION TYPE OF ACTION							
	Acidize	Deepen	Production (St	art/Resume)	Water Shut-Off		
Notice of Intent	☐ Alter Casing	Fracture Treat	Reclamation		Well Integrity		
Subsequent Report	Casing Repair	New Constructi		abla	Other Total Depth,		
—	Change Plans	Plug and Aband			Production Casing,		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposa	!	Casing Test		
testing has been completed. Fin determined that the site is ready fallon Oil Company, an indirect et at 3820' on 3/22/2004. Ceme TD of 3820' was reached on 3/ressure test casing on 4/19/2004	wholly-owned subsidiary of Ented with 900 sxs of cmt. Circle 22/2004.	filed only after all re	tion & Production, Inc. rurface.	lamation, have been	completed, and the operator has		
<ol> <li>I hereby certify that the foregoin Name (PrintedlTyped)</li> </ol>	g is true and correct						
Ilison Newcomb	Title	Title Engineering Technician					
Signature Ollwon	Date 4/20/2004						
	THIS SPACE F	OR FEDERAL O	R STATE OFFICE US				
pproved by (Signature)	Name Division of Multi-Resources						

Date APR 2 7 2004 Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Printed Typed)

Office

Approved by (Signature)