Form 3160-5 (JUNE 1990)

as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget	Bureau	Nh	1004-0	125

Expires March 31, 1993
5. Lease Designation and Serial No.
MDA 701-98-0013

SUNDRY NOTICES AND REPO	Lease Designation and Serial No. MDA 701-98-0013 If Indian, Allotte or Tribe Name	
Do not use this form for proposals to drill or to deep		
Use *APPLICATION FOR PERMIT	Jicarilla Apache Tribe	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Type of Well Oil Well X Gas Well Other:		N/A
2. Name of Operator Mallon Oil Company		8. Well Name and No.
Address and Telephone No.		Jicarilla 29-02-29 No. 1
P.O. Box 3256, Carlsbad, NM 88220	(505) 885-4596	30-039-26115
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	10. Field and Pool, or Exploratory Area E. Blanco, Pictured Cliffs	
1768' FSL and 437' FWL (SW SW) Unit L	11. County or Parish, State	
Sec. 29, T29N-R02W		Rio Arriba County, New Mexico
12. CHECK APPROPRIATE BOX(S) TO IN	DICATE NATURE OF NOTICE, REPO	RT. OR OTHER DATA
TYPE OF SUBMISSION	i e	OF ACTION
		OF ACTION
Notice of Intent	Abandonment	Change of Plans
r 	Recompletion	New Construction
X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	X Other: APD Extension	Dispose Water
	Revised for footages	
	and Unit	(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 da	tes, including estimated date of starting any proposed work	If well is directionally drilled, give
subsuriace locations and measured and true vertical depths for all markers and zones pe	rtinent to this zone.)*	
Mallon Oil Company request a one (1) year exter referenced well.	nstion of the approved APD on t	he above
		2 3
	A CONTRACTOR OF THE PARTY OF TH	DO MAY 18 ATTO
	MAY 2000	Al 10 IRaue
	E 1830 3	
14. I hereby certiff that the faregoing is true and correct		
Signed Gay Day/is	Title Office Manager	Date5/16/00
(THIS SPACE FOR FEDERAL OR STATE OFFICE USE) Approved B Apricia M Nata		reral Resource
	Title	Date 5-24-8
Conditions of approval, if any:		
No.		

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