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 deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals.

5. Lease Designation and Serial No.
Jic 458

6. If Indian, Allotte or Tribe Name
Jicarilla Apache Tribe

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
N/A

1. Type of Well

[ ] Oil Well   [X] Gas Well   [ ] Other:

2. Name of Operator
Mallon Oil Company

8. Well Name and No.
Jicarilla 458-6 No. 4

3. Address and Telephone No.
P.O. Box 2797 Durango, CO 81302   (970)382-9100

9. Well API No.
30-039-25950

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1700' FNL and 1060' FWL (SW/NW) Unit F
Sec. 6, T30N-R3W

10. Field and Pool, or Exploratory Area
East Blanco Field

11. County or Parish, State
Rio Arriba, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[ ] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[ ] Other: Downhole Commingle	[ ] 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 proposes to complete the above reference well in the San Jose and Pictured Cliffs Formations. Following the test period for each zone, we propose to downhole commingle the two zones.
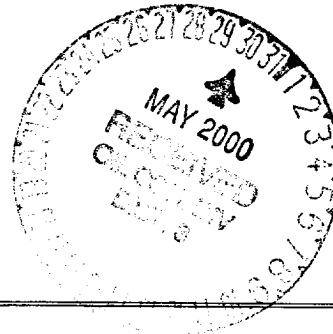
14. I hereby certify that the foregoing is true and correct

Signed _____   Title   Office Manager   Date   5/1/00
Gay Davis

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Lands and Mineral Resources

Approved B _____   Title _____   Date 5/__/__

Conditions of approval, if any: