

**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 nearby to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.

SEP 2000
RECEIVED
OCCASION
DET 2

1. Location of Well (Section, Township, Range, Meridian, or Survey Description)
Mallon Oil Company

2. Well Name and No.
Jicarilla 30-03-27 No. 1

3. Well API No.
30-039-26069

4. Field and Part of Exploratory Area
E. Blanco Picuted Cliffs

5. County or Parish, State
Rio Arriba County, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Mallon Oil Company

3. Address and Telephone No.
P.O. Box 3256, Carlsbad, NM 88220 (505) 885-4596

4. Location of Well (Section, Township, Range, Meridian, or Survey Description)
047° FSL and 855° FEL (SE SE) Unit P
Sec. 27, T30N-R03W

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Alaring Casing
- ☒ Other: Surface Pipe Change
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

Other: Report, or other data (like completion or other)
Completion or Production (Pilot) and Log (Pilot)

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
bearing, inclination and measured and true vertical depths for all markers and zones pertinent to this zone.)

Mallon Oil Company is requesting that the surface pipe be changed from 500' to 250' on the above referenced well.

OPTIONAL FORM 95 (7-90)

FAX TRANSMITTAL

of pages = 2

To: UNOCIS

From: BLM-Aibug.

Dept./Agency

Phone #

Fax # 334-6170

Fax #

NSN 7540-01-517-7368

5000-101

GENERAL SERVICES ADMINISTRATION

14. I hereby certify that this document is true and correct.

Signed

Gay Davis

Title

Office Manager

Date: 09/13/00

Approved By

Patricia M. Hester

Title

Date

9-13-00

Conditions of Approval, if any.

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