

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.

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

5. Lease Designation and Serial No.  
MDA 701- 98-0013

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

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

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

9. Well API No.  
30-039-26100

10. Field and Pool, or Exploratory Area  
E. Blanco Pictured Cliffs

11. 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 (Footage, Sec., T., R., M., or Survey Description)  
494' FSL and 831' FWL (SW SW) Unit M  
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

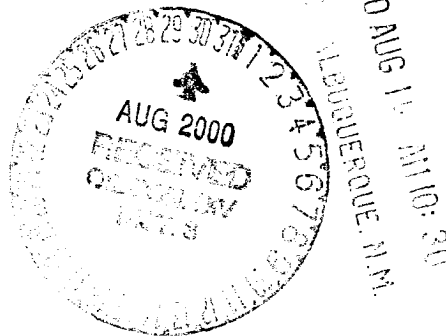
- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other: Pressure Test  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

Casing

(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 pressure tested the production casing to 1000 psi on April 5, 2000  
on the above referenced well.



14. I hereby certify that the foregoing is true and correct

Signed Gay Davis  
Gay Davis

Title Office Manager Date 4/17/00

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Is/ Patricia M. Hester

Lands and Mineral Resources

Approved B \_\_\_\_\_ Title \_\_\_\_\_ Date AUG 25 2000

Conditions of approval, if any