

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other side)  
NEW OIL COM  
Drawer DD  
Artesia, NM 88210

Budget Bureau No. 1004-0135  
Expires August 31, 1985

CLASSIFICATION AND SERIAL NO.

NM027994

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Mallon Oil Company	7. UNIT AGREEMENT NAME NA
3. ADDRESS OF OPERATOR 999 18th Street, Suite 1700, Denver, CO 80202	8. FARM OR LEASE NAME Mobil '12' Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 1,980' FEL	9. WELL NO. #1
14. PERMIT NO. API # 30-015-20151	10. FIELD AND POOL, OR WILDCAT Carlsbad, S., Morrow
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,257' KB	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T23S-R26E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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 work.\*

Mallon Oil Company intends to complete the well as a dual producer with the Canyon zone producing through one tubing string and the Morrow, Atoka and Strawn zones producing through another tubing string. The Morrow and Atoka zones are currently commingled downhole, approved by Commission Order Number R-4953. An application has been made, copy attached, to the State of New Mexico Oil Conservation Division for approval to downhole commingle the Strawn zone with the Morrow and Atoka zones.

I hereby certify that the foregoing is true and correct

SIGNED

*Ray E. Jones*  
Ray E. Jones

TITLE Vice President-Engineering

DATE 4/20/94

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adam Salameh  
CONDITIONS OF APPROVAL, IF ANY:

TITLE Petroleum Engineer

DATE 5/11/94

Subject to  
LMA Approval

\*See Instructions on Reverse Side