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UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEM		FORM APPROVED Blucget Bureau No 1004-1135 Expires March 31, 1903
BUNEAU OF LAND MANAGEM		5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS (Co not use this form for proposals to drill or to deepen or ree		6. If Indian, Allotte or Tribe Name
Use "APPLICATION FOR PERMIT" for such		
		7. If Unit or CA, Agreement Designation
SUBMIT IN TRIPLICATE		
Oil Well X Gas Well Other		N/A
Name of Operator	ADD O ST	8. Well Name and No.
Mallon Oil Company	$\mathcal{R}^{(n)}_{\mathcal{A}}$, where $\mathcal{R}^{(n)}_{\mathcal{A}}$	O'Neill Federal No. 1
Address and Telephone No. P.O. Box 3256, Carlsbad, NM 88220	(505) 885-4596	30-015-20301
		10. Field and Pool, or Exploratory Area
Location of Well (Foctage, Sec., T., R., M., or Survey Description) 1980' FSL and 660' FWL (NW SW) Unit L		White City, Morrow S. Carloy 11. County or Parish, State
Sec. 11, T24S-R26E		
·		Eddy County, New Mexico
CHECK APPROPRIATE BOX(S) TO INDICATE		
TYPE OF SUBMISSION	TYPE	OF ACTION
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other: Site Facility Diag	ram Dispose Water
		(Note: Report results of multiple completion or Weil
. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includ	ng estimated date of starting any proposed wo	Completion of Recompletion Papert and Log form ; rk. If well is directionally drilled, give
subsurface locations and measured and true vertical depths for all markers and zones pertinent to t		
See attachment - Site Facility Diagram		
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to	RIC. SGD.) DAVID R	GLAM
r o '	ACCEPTIO FOR RECOR RC. SGDJ DAVID R APR E C 1807	GLAM
10	RIG. SGD.) DAVID R APR 2 0 1307	GLA.
r O	RIC. SGDJ DAVID R APR D 1807 BLA	GIAN DOMESTIC
no L		RORWELL M
		GLAM ROSWELL, M
 I hereby certify that the foregoing is true and correct 		GUA ROSWELL, M
4. Thereby certify that the foregoing is true and correct	BliA	ROSWELL, M
I. Thereby certify that the foregoing is true and correct Igned	BliA	GIN RORMELL-M Pate <u>4/11/97</u>
A Thereby certify that the foregoing is true and correct signed	BliA	ROSWELL, M
4. Thereby certify that the foregoing is true and correct Signed	BliA	ROSWELL-19 PrDate <u>4/11/97</u>
4. Thereby certify that the foregoing is true and correct Signed <u>Theresa A. McAndrews</u> HIS SPACE FOP FEDERAL OR STATE OFFICE USE)	BliA	ROSWELL, M
4. Thereby certify that the foregoing is true and correct Signed <u>Theresa A. McAndrews</u> The Strace FOP FEDERAL OR STATE OFFICE USE)	itieOffice Manage	ROSWELL-19 PrDate <u>4/11/97</u>
A. Thereby certify that the foregoing is true and correct Signed	itieOffice Manage	ROSWELL-19 PrDate <u>4/11/97</u>
I. Thereby certify that the foregoing is true and correct Igned	itieOffice Manage	ROSWELL-19 PrDate <u>4/11/97</u>
A. Thereby certify that the foregoing is true and correct Signed	itleOffice Manage	Date