

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mallon Oil Company	8. FARM OR LEASE NAME Echols Com.
3. ADDRESS OF OPERATOR 999 18th Street, Suite 1700, Denver, CO 80202	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,980' FSL and 1,980' FEL	10. FIELD AND POOL, OR WILDCAT South Carlsbad Morrow
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T23S, R26E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,252 RKB - 3,233 GL	12. COUNTY OR PARISH Eddy
	13. STATE NM

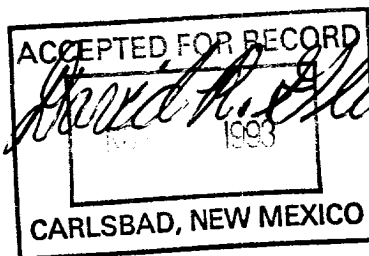
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of Operator</u>	
(Other) <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, as the designated successor operator under the above referenced well, hereby certifies that the requisite approvals of the current working interest owners, pursuant to the applicable operating agreement have been obtained to satisfy the requirements for selection of a successor operator as set forth under the provisions of said operating agreement. Mallon Oil Company will be responsible for compliance with all terms and conditions associated with that portion of the leases where the referenced well is located.

Bond coverage is provided by Bond No. 9009249, Principal Mallon Oil Company.



RECEIVED
NOV 3 11 36 AM '93
CARLSBAD AREA
SRS

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

SIGNED Joe H. Cox, Jr. TITLE Vice President-Operations DATE 11-1-93
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side