

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas  
311 S. 1st  
Altesia, NM

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

**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.

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)

1980' FSL and 660' FWL (NW SW) Unit L  
Sec. 10, T24S-R26E

5. Lease Designation and Serial No.  
LC-064200

6. If Indian, Allotee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No

Pennzoil Federal No. 2

9. Well API No

30-015-22326

10. Field and Pool, or Exploratory Area

S. Carlsbad, Morrow

11. County or Parish, State

Eddy County, New Mexico

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

(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 requests the above referenced well's name be changed to:

Pennzoil 10 Federal No. 2

**APPROVED**

AUG 20 1997

*la*  
AUTHORIZED OFFICER, MINERALS  
BUREAU OF LAND MANAGEMENT

RECEIVED  
1997 AUG -4 A 10:20  
BUREAU OF LAND MGMT.  
ROSWELL OFFICE

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

Signed

*Theresa A. McAndrews*  
Theresa A. McAndrews

Title

Office Manager

Date

8-1-97

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved By

Title

Date

Conditions of approval, if any: