

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-29399

5. Indicate Type of Lease

State

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Mallon 16 State

1. Type of Well
OIL ☐ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator
Mallon Oil Company

8. Well No.

1

3. Address of Operator
P.O. Box 3256, Carlsbad, NM 88220

9. Pool name or Wildcat
Wildcat, Black River Delaware

4. Well Location
Unit Letter F 1880' Feet From The North Line and 1980 Feet From The West Line
Section 16 Township 24S Range 26E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3425' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TD/Production Casing ☒

ALTERING CASING

PLUG AND ABANDONMENT

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103

Mallon Oil Company drilled a 7-7/8" hole from 512' to 5400' (TD). Ran 5-1/2" x 17# J55 casing to 5400'.

Cement first stage with 300 sacks Class H cement + additives. Cement second stage with 325 sacks 50/50 POZ Class C cement + additives, followed by 350 sacks Class H cement + additives. Plug down at 1:45 pm MDT 8/11/97. Circulate 50 sacks to surface.

WOC ? hrs

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Theresa A. McAndrews TITLE Office Manager

DATE 08/29/97

TYPE OR PRINT NAME Theresa A. McAndrews

TELEPHONE NO. 505-885-4596

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR

DATE SEP 9 1997

CONDITIONS OF APPROVAL IF ANY