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CONDITIONS OF APPROVAL IF ANY:

## State of New Mexico Energy Minerals and Natural Resources Department

Form C-103 Revised 1-1-89



| Appropriate District Office                              | Zaorgy, wanted an                                     | a Mania Mesobices Department           |           |                         |                     |  |
|--|---|--|-----------|-------------------------|---------------------|--|
| <u>ISTRICT 1</u><br>O. 80x 1980, Hobbs, NM 88240         | OU CONSEL   | RVATION DIVISION                       |           | WELL'APINO.             | 015- 24724          |  |
| ISTRICT 2 O. Drawer DD, Artesia, NM 88210                | P.O. Box 2088 Santa Fe, New Mexico 87504-2088         |  |           | 5. Indicate Type of L   |                     |  |
| WATER A  |   |  |           | State                   |                     |  |
| I <u>STRICT 3</u><br>000 Rio Brazos Rd., Aztec, NM 87410 |   |  |           | 6. State Oil & Gas L    |                     |  |
|  | ORY NOTICES AND REPORT                                |  |           |                         |                     |  |
|  | M FOR PROPOSALS TO DRILL OR                           |  | A         | 7. Lease Name or l      | Unit Agreement Name |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"        |   |  |           | Mallon Bell State Comm. |                     |  |
| Type of Well:  OIL  WELL  WELL  X                        | OTHER OTHER   | OSALS.)                                |           | I Wanon L               | ely plate comm.     |  |
| Name of Operator   | · · · · · · · · · · · · · · · · · · ·                 |  |           | 8. Well No.             |                     |  |
| Mallon Oil Company                                       |   |  |           | 2                       |                     |  |
| 3. Address of Operator                                   |   |  |           | 9. Pool name or Wildcat |                     |  |
| P.O. Box 3256, Carlsbad, NM 88220                        |   |  |           | S. Carlsbad, Morrow     |                     |  |
| Well Location  | J : 1330  | Feet From The South Line and           | 1980      | Feet From The           | East Line           |  |
| Unit Letter  |   |  | 26E       | NMPM                    | Eddy county         |  |
| Section 3  | ommunimi in       | Range w whether DF, RKB, RT, GR, etc.) |           | NMPM                    | Lucy county         |  |
|  |   | 3329' GR                               |           |                         |                     |  |
| NOTICE OF INT  |   | dicate Nature of Notice, Report        |           | ata<br>NT REPORT        | OF                  |  |
| PERFORM REMEDIAL WORK                                    | PLUG AND ABANDON                                      | REMEDIAL WORK                          |           | ٦                       | RING CASING         |  |
| EMPORARILY ABANDON                                       | CHANGE PLANS  | COMMENCE DRILLING OPNS                 | i         | ₹                       | S AND ABANDONMENT   |  |
| PULL OR ALTER CASING                                     |   | CASING TEST AND CEMENT                 | JOB       | j                       |                     |  |
| OTHER:   |   | OTHER: Amend V                         | Vell Name |                         |                     |  |
|  | ons (Clearly state all perfinent details, and give pa |  |           |                         | Domm. No. 2         |  |
|  |   |  |           |                         |                     |  |
| I hereby certify that the information above is tru       | ue and complete to the Lest of my knowledge and b     | Office Manager                         |           | ATE 07/                 | /03/97              |  |
| -yuman   | A. McAndrews  |  |           | LEPHONE NO.             | 505-885-4596        |  |
| (This space for State Use)  APPROVED BY                  | UPERVISOR, DISTRICT II                                |  | DA        | TE JUL ]                | 7 1907              |  |