

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM 88210

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0133
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Convert oil well to SWD well		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mallon Oil Company ✓		8. FARM OR LEASE NAME Amoco Federal	
3. ADDRESS OF OPERATOR 1099 18th Street, Suite 2750, 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 1665' FSL, 330' FEL (NE/4, SE/4)		10. FIELD AND POOL, OR WILDCAT Brushy Draw, Delaware	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T26S, R29E	
15. ELEVATIONS (Show whether DF, NT, GR, etc.) 2877' KB, 2869' GL		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED

JUL 25 '88

O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Recomplete as SWD Well

(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.)*

SEE ATTACHED

RECEIVED
JUN 16 11 27 AM '88
CARBONATE
AREA

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY
CHIEF, MINERAL RESOURCES

Subject to
Like Approval
by State

See instructions on Reverse Side