

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. DATE*
(Other instructions on re-
verse side)

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

dsf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/> Saltwater Disposal Well	OCT 16 '89
2. NAME OF OPERATOR Mallon Oil Company	Q. C. D.
3. ADDRESS OF OPERATOR 1099 18th Street, Suite 2750, Denver, CO 80202	ARTESIA, OFFICE
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)	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2877' KB, 2869' GL
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Amoco-Federal	
9. WELL NO. #1	
10. FIELD AND POOL, OR WILDCAT Brushy Draw-Delaware	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T26S, R29E	
12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other) Convert oil producer to SWD			<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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 revision to previously submitted plans.

RECEIVED
OCT 5 10 51 AM '89
OIL & GAS
AREA

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

SIGNED [Signature]

TITLE Production Manager

DATE 10-03-89

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 10-11-89

Subject to
Like Approval
by [Signature]

*See Instructions on Reverse Side