

Form 3160-5
November, 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIAL ATB
(Other instruction, as re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 well or reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-38636	
2. NAME OF OPERATOR Mallon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1099 18th Street, Suite 2750, Denver, CO 80202		7. UNIT AGREEMENT NAME Brushy Draw Delaware	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL, 2030' FEL SW/4, SE/4		8. FARM OR LEASE NAME Amoco Federal	
14. PERMIT NO.		9. WELL NO. 14	
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 2882.5' KB, 2877.5' FL		10. FIELD AND POOL, OR WILDCAT UND. BRUSHY DRAW DELAWARE	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T26S-R29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Spud notice

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

SPUD WELL 02-02-88

SEE ATTACHED DAILY REPORTS

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

SIGNED

TITLE Engineer

DATE 03-03-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 16 1988

*See Instructions on Reverse Side

leted, as indicated, on Federal and/or State offices with present significant changes in ownership, control, or management; and date well site

requirements. Consult local

Federal and/or State offices with present significant changes in ownership, control, or management; and date well site

Form 3100-3
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-38636

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco-Federal

9. WELL NO.

#14

10. FIELD AND POOL, OR WILDCAT

Brushy Draw-Delaware

11. SEC., T., R., M., OR PLM. AND
SURVEY OR AREA

Sec. 28, T26S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☒ GAS WELL ☐ OTHER ☐ JAN 19 '88

2. NAME OF OPERATOR
Mallon Oil Company ✓

3. ADDRESS OF OPERATOR
1099 18th Street, Suite 2750, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL, 2030' FEL (SW, SE)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, CR, etc.)
2877.5' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

Operator intends to drill previously permitted well into the Brushy Canyon member of the Delaware formation, to approximately 6,200'. (Previously reported anticipated depth was 5,200'.) Same casing program will be used for new TD.

RECEIVED

JAN 8 10 37 AM '88

CARL
ARE

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

SIGNED

TITLE Engineer

DATE 1-06-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 7-15-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side