

C/SF

RECEIVED

February 21, 1990

FEB 26 '90

O. C. D.  
ARTESIA, OFFICE


Mallon Oil Company  
1099 18th St., Suite 2750  
Denver, CO 80202

Gentlemen:

Your Application for Permit to Drill, Deepen, or Plug Back (APD)  
for Well Amato Federal No. 15, Lease No. MM-38636, Sec. 28,  
T. 26 S., R. 29 E., has been cancelled.

The APD is considered expired if drilling activity has not commenced  
within one year after approval. Should you desire to drill this  
well at a later date, you will be required to re-submit the proper  
forms for approval.

Sincerely,

  
Richard L. Manus  
Area Manager

cc: RDO  
NMOCD (Artesia/Hobbs)

Post ID-2  
3-16-90  
Exp. Int.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL AND GAS PERMITTING  
(Other Instr. is on reverse side)

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 different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

|   |  |   |
|---|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | JAN 5 10 46 AM '89   | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-38636                         |
| 2. NAME OF OPERATOR<br>Mallon Oil Company   | CARL AREA RECEIVED   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>1099 18th Street, Suite 2750, Denver, CO 80202  | JAN 09 '89   | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>660' FSL & 2105' FWL of Section 28 | O. C. D.<br>ARTESIA, OFFICE                                | 8. FARM OR LEASE NAME<br>Amoco Federal                                  |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2874' GL | 9. WELL NO.<br>15   |
|   |  | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Brushy Draw Delaware           |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 28, T26S, R29E |
|   |  | 12. COUNTY OR PARISH<br>Eddy  |
|   |  | 13. STATE<br>NM   |

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

| NOTICE OF INTENTION TO:  |                                     | SUBSEQUENT REPORT OF:   |                          |
|--------------------------|-------------------------------------|---|--------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/>            | WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/>            | FRACTURE TREATMENT  | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/>            | SHOOTING OR ACIDIZING   | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/>            | (Other)   | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/>            | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                          |
| MULTIPLE COMPLETE        | <input type="checkbox"/>            |   |                          |
| ABANDON*                 | <input type="checkbox"/>            |   |                          |
| CHANGE PLANS             | <input checked="" type="checkbox"/> |   |                          |
| (Other) Extension of APD |                                     |   |                          |

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.) \*

Please extend our drilling permit due to expire on January 4, 1989, on the above well, to January 4, 1990.

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

|  |                       |                      |
|--|-----------------------|----------------------|
| SIGNED <u>[Signature]</u>                    | TITLE <u>Engineer</u> | DATE <u>01-03-89</u> |
| (This space for Federal or State office use) |                       |                      |
| APPROVED BY <u>CHIEF, MINERAL PROGRAMS</u>   | TITLE <u></u>         | DATE <u>1-6-89</u>   |
| CONDITIONS OF APPROVAL, IF ANY:              |                       |                      |

\*See Instructions on Reverse Side