

DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-015-29845
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Mallon 16 State
8. Well No.	7
9. Pool name or Wildcat	West, Black River, Delaware

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Mallon Oil Company	
3. Address of Operator P.O. Box 3256, Carlsbad, NM 88220	
4. Well Location Unit Letter <u>B</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>24S</u> Range <u>26E</u> NMPM <u>Eddy</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3393' GL</u>	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>Extension of APD</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Mallon Oil Company requests a one-year extension on Application for Permit to Drill.

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RECEIVED
OCD - ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>Christy Serrano</u>	TITLE <u>Production Secretary</u>	DATE <u>7/1/98</u>
TYPE OR PRINT NAME <u>Christy Serrano</u>	TELEPHONE NO. <u>505-885-4596</u>	
(This space for State Use)		
APPROVED BY <u>Jim W. Gurn</u>	TITLE <u>District Supervisor</u>	DATE <u>7-8-98</u>
CONDITIONS OF APPROVAL IF ANY:		