

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C 103  
Revised 1-1-89

CISF  
89

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

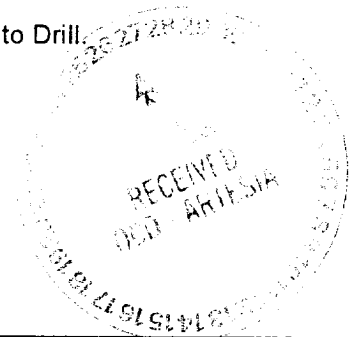
WELL APD NO	30-015-29873
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No	
7. Lease Name or Unit Agreement Name	Mallon 3 State
8. Well No	1
9. Pool name or Wellcat	West, Black River, Delaware

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>O</u> <u>660'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>24S</u> Range <u>26E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3328' GL	

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: Extension of APD <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.



Christy Serrano

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

SIGNATURE	TITLE	DATE
Christy Serrano	Production Secretary	8/1/98
TYPE OR PRINT NAME	TELEPHONE NO	
Christy Serrano	505-885-4596	
(This space for State Use)		
APPROVED BY	TITLE	DATE
	DISTRICT II SUPERVISOR	9-2-98
CONDITIONS OF APPROVAL IF ANY:		