

CIST
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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

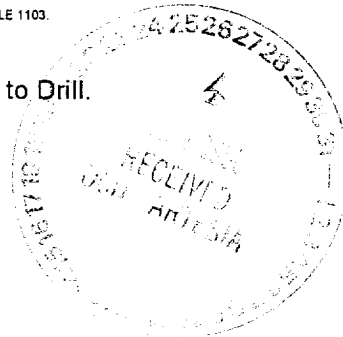
WELL APIN	30-015-29874
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Mallon 3 State
8. Well No.	2
9. Pool name or Wildcat	West, Black River, Delaware

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL 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>J</u> : <u>1980'</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.) <u>3327' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.



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

SIGNATURE Christy Serrano TITLE Production Secretary DATE 8/1/98
TYPE OR PRINT NAME Christy Serrano TELEPHONE NO. 505-885-4596

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE 9-2-98

CONDITIONS OF APPROVAL IF ANY: