

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons. Division  
1 S. 1st Street  
Artesia, NM 88210-2834

C/SF

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT --" for such proposals.

*SUBMIT IN TRIPLICATE*

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other:	5. Lease Designation and Serial No. NM0475051
2. Name of Operator Mallon Oil Company	6. If Indian, Allote or Tribe Name N/A
3. Address and Telephone No. P.O. Box 3256, Carlsbad, NM 88220 (505) 885-4596	7. If Unit or CA. Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL 660' FEL, (SE/NE) Unit H Sec. 9, T24S-R26E	8. Well Name and No. Wadi 9 Federal No. 4
	9. Well API No. 30-015-29895
	10. Field and Pool, or Exploratory Area Black River Delaware, West
	11. County or Parish, State Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |  |
|---|--|
| <input type="checkbox"/> Abandonment                        | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Recompletion                       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Plugging Back                      | <input type="checkbox"/> Non-Routine Fracturing  |
| <input type="checkbox"/> Casing Repair                      | <input type="checkbox"/> Water Shut-Off          |
| <input type="checkbox"/> Altering Casing                    | <input type="checkbox"/> Conversion to Injection |
| <input checked="" type="checkbox"/> Other: EXTENSION OF APD | <input type="checkbox"/> Dispose Water           |

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

13. 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 zone.)

MALLON OIL COMPANY REQUEST A ONE (1) YEAR EXTENSION ON THE APPLICATION FOR PERMIT TO DRILL

**APPROVED FOR 12 MONTH PERIOD  
ENDING 10-14-99**

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

Signed Christy Serrano  
CHRISTY SERRANO

Title PRODUCTION SECRETARY

Date 8/01/98

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

(ORIG. SGD.) GARY GOURLEY

Approved By \_\_\_\_\_

Title PETROLEUM ENGINEER

Date

**AUG 25 1998**

Conditions of approval, if any: