

OCD - Artesia

CISF

Form 3100-5
(JUNE 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Authority: 1994-1337

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.5. Lease Designation and Serial No.
LC-0654216. If Indian, Allotee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.
Black River 11 Fed Comm #19. Well API No.
30-015-2970810. Field and Pool, or Exploratory Area
S. Carlsbad, Morrow Gas11. County or Parish, State
Eddy County, NM

SUBMIT IN TRIPPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other:

2. Name of Operator

Mallon Oil Company

3. Address and Telephone No.

P.O. Box 3256 Carlsbad, NM 88220

(505) 885-4596

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL and 1980' FEL (NW, SE) Unit J

Sec. 11, T24S - R24E
26E per telephone call

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

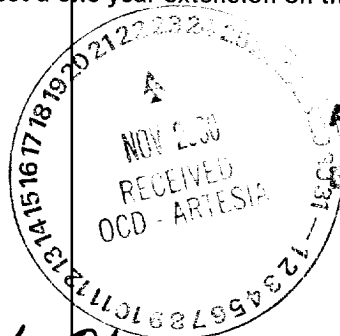
TYPE OF ACTION

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other
-
- APD Extension
-
- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- 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 year extension on the application for permit to drill.



Approved For 12 Month Period

Expires 7/1/2001

EXPIRED 7-1-01

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

Signed

Diana Marrujo
Diana Marrujo

Production

Secretary

Date: 6/12/00

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved By

(COPIC 5571) MYC LISA

Title

Assistant Secretary

Date

11/21/2000

Conditions of approval, if any:

Title 18 U. S. C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RECEIVED
2000 JUN 14 - A 10: 19
JOURNAL OF THE
NORWELL OFFICE