Form 3160-5 November 1983) Formerly 9-331)	DEPARTMENT	ED STATES OF THE INTE LAND MANAGEME	RIOR :	UBMIT IN TRIPLICATE Other Instructions on re erse side;	5. LEASE D	53	11. 1985 ND SERIAL NO.	
SUND (Do not use this fo	RY NOTICES of the for proposals to duse "APPLICATION F	AND REPORTS rill or to deepen or plu OR PERMIT—" for suc	S ON V	VELLS a different reservoir.		RELYENT NAM		
1.	7							
OIL X WELL OTHER 2. NAME OF OPERATOR						8. FARM OR LEASE NAME		
Mallon Oil Company						Post Federal 13		
3. ADDRESS OF OPERATOR						6		
999 18th Street, Suite 1700, Denver, CO 80202						10. FIELD AND POOL, OR WILDCAT		
999 18th Street, Suite 1700, Deliver, 60 60252 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)						Gavilan Mancos		
At surface						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
1,850' FNL & 1,670' FWL (SE/4, NW/4)						Sec. 13, T25N, F.2W		
	+ 15 8	LEVATIONS (Show whether	er DF, RT, GR,	etc.)	12. COUNT	T OR PARISH	13. STATE	
14. PERMIT NO.)	7,461' KB, 7			Rio Ar	riba	NM	
					Other Data			
16.	Check Appropri	ate Box to Indicate	e Mature	of Notice, Report, or	QUENT REPORT	or:		
но	TICE OF INTENTION TO	:			7			
TEST WATER SHUT-OFF	PCLL OR	ALTER CASING	1	WATER SHUT-OFF	-	REPAIRING WE		
PRACTURE TREAT		E COMPLETE		FRACTURE TREATMENT SHOOTING OR ACIDIZING	- ·	ABANDONMENT	i—-i	
SHOOT OR ACIDIZE	ABANDON	1-1		Off-Lease !	Gas Measu	rement	X	
(Other) 17. DESCRIBE PROPOSED OR Oproposed work. If	CHANGE	1 1		(Nors: Report resul	ts of multiple	completion of		
previ "Gavi sold longe Mallo for	lously owned than Plant" in separately the selling gate on is request the gas. All	by Phelps Do n October 1992 ne processing s to Phelps I ing authoriza	odge Re. 2. Phe portion Dodge a ation fo l measu d to E	hering and company clps Dodge disman of the plant. It the well site or off-lease mered at respection Paso Natural 25N, R2W.	ntled, ro Since M receiving asurement	emoved, allon is ing poin and sa site met	and no ts, les ers	
				DEGETY: NOV - 4 1994			20m VEO	
				011. GON. D DIST. 3		23. 2ω 		
13. I hereby certify that t	he foregoing is true a COX, IT.	nd correct	ice Pre	sident-Operation	IS DAT	12/08/	93	
(This space for Federa (OCC)	el or State office use) 3. SGD.) ROBERT A.	KeNT			DAT	NOV	2 1994	
CONDITIONS OF API	PROVAL IF ANY:							

*See Instructions on Reverse Side