Form 3160-5
(JUNE 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.
MDA 701-98-0013

6. If Indian, Allotte or Tribe Name
Jicarilla Apache Tribe

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
N/A

1. Type of Well			
	Oil Well	[X] 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)
1760' FSL and 1760' FEL (NW SE) Unit J
Sec. 5, T28N-R02W

8. Well Name and No.
Jicarilla 28-02-05 No. 1

9. Well API No.
30-039-26098

10. Field and Pool, or Exploratory Area
E. Blanco, Pictured Cliffs

11. County or Parish, State
Rio Arriba County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[X] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other: Spud and Surface Casing	[ ] 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 spud the above referenced well on 9/29/00 at 9:30 am. Drilled at 12-1/4" hole, 8-5/8", 24 lb/ft surface casing was set at 252.62'. Cemented with 110 sxs Type 3 cmt, circ 20 sxs to pit.

OCT 2000
RECEIVED
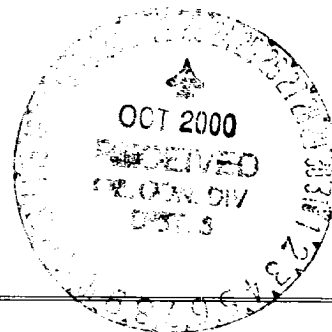
14. I hereby certify that the foregoing is true and correct

Signed _____   Title Office Manager   Date ____10/03/00____
Gay Davis

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

/s/ Brian W. Davis

Approved B _____   Title Lands and Mineral Resources   Date OCT 1 7 2000

Conditions of approval, if any: