Form 3160-5 (JUNE 1990)

as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

Expires	March	31, 1993

5. Lease Designation and Serial No.

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.		Jic 458	
		6. If Indian, Allotte or Tribe Name	
		Jicarilla Apache Tribe	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation	
. Type of Well		N/A	
Oil Well X Gas Weil Other:			
Name of Operator		8. Well Name and No.	
Mallon Oil Company	 	Jicarilla 458-5 No. 5	
Address and Telephone No. P.O. Box 2797 Durango, CO 81302	(970)382-9100	9. Well API No. 30-039-25947	
P.O. Box 2797 Durango, CO 01302	(970)302-9100	10. Field and Pool, or Exploratory Area	
L. Location of Well (Footage, Sec., T., R., M., or Survey Description)		East Blanco; Pictured Cliffs	
1640' FNL and 790' FEL (SE NE) Unit H		11. County or Parish, State	
Sec. 5, T30N-R03W		Rio Arriba County, New Mexico	
CHECK APPROPRIATE BOX(S) TO IN	DICATE NATURE OF NOTICE, REP	ORT, OR OTHER DATA	
TYPE OF SUBMISSION	1	PE OF ACTION	
Notice of Intent	Abandonment	Change of Plans	
****	Recompletion	New Construction	
X Subsequent Report	Plugging Back	Non-Routine Fracturing	
[7.] Sassadasiivispai	Casing Repair	Water Shut-Off	
			
Final Abandonment Notice	Altering Casing	Conversion to Injection	
	X Other: Pressure Test	Dispose Water	
	Casing	(Note: Report results of multiple completion on Weil	
		Completion or Recompletion Report and Log form.)	
13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent da		ork. If well is directionally drilled, give	
subsurface locations and measured and true vertical depths for all markers and zones pe	student to une zone.		
Mallon Oil Company pressure tested the produc	tion casing to 1000 psi on Fel	oruary 9 2000	
on the above referenced well.	mon dubing to 1000 por on 1 of	OO AUG THE MATO: 3	
Off the above referenced well.		0	
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	(C) (120100)		
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	N PENSON	3	
		W 1 = 10	
		30	
	No.		
	- St. 1-01 7		
14. I hereby certify that the fore oing is true and correct	Total Control	in the same of	
(Sylle A / DUTA)	Till Office Manager	Data 08/10/00	
Signed Cay Divis	Title Office Manager	Date08/10/00	
Gay Devis			
(THIS SPACE FOR FEDERAL OR STATE OFFICE SE)	i anda and	Mineral Resources AIIG 2 4 200	
Approved B /s/ Patricia M. Hester	Title	AUG 24 Zoo	
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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