

**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.

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

5. Lease Designation and Serial No.  
**MDA 701-98-0013**

6. If Indian, Allottee or Tribe Name  
**Jicarilla Apache Tribe**

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

8. Well Name and No.  
**Jicarilla 30-03-27 No. 1**

9. Well API No.  
**30-039-26099**

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

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

*SUBMIT IN TRIPLICATE*

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)  
**847' FSL and 855' FEL ( SE SE) Unit P  
Sec. 27, T30N-R03W**

**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: Surface Pipe Change | <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 is requesting that the surface pipe be changed from 500' to 250' on the above referenced well.**

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

Signed *Gay Davis*  
**Gay Davis**

Title **Office Manager**

Date: **09/13/00**

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved By **/s/ Brian W. Davis**

Title

**Lands and Mineral Resources**

Date

**SEP 20 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.

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