

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
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.  
**LC064200**

6. If Indian, Allote or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No. **Wad. 15**  
**Mallon 15 Federal No. 4 Fed. No. 01**

9. Well API No.

10. Field and Pool, or Exploratory Area  
**Delaware**

11. County or Parish, State

**Eddy 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)

**1780' FSL and 1780' FWL (NE SW) Unit K  
Sec. 15, T24S-R26E  
660 N 1980 W**

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

TYPE OF SUBMISSION

TYPE OF ACTION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other: Change location
- 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.)\*

To amend the APD to change the above referenced well's location to:

**660' FNL and 1980' FWL (NE NW) Unit C  
Sec. 15, T24S-R26E**

RECEIVED  
 JUN 19 10 07 AM '97  
 BUREAU OF LAND MANAGEMENT  
 U.S. DEPARTMENT OF THE INTERIOR

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

Signed

*Theresa A. McAndrews*  
**Theresa A. McAndrews**

Title

**Office Manager**

Date

**6-17-97**

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved By

**ORIG. SGT. TONIA FERGUSON**

Title

**ADM. MINERALS**

Date

**JUL 22 1997**

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

611 S. 1st Street

Artesia, NM 88210-2837

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

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Use "APPLICATION FOR PERMIT" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other:		5. Lease Designation and Serial No. LC064200
2. Name of Operator Mallon Oil Company		6. If Indian Allottee or Tribe Name N/A
3. Address and Telephone No. P.O. Box 3256, Carlsbad, NM 88220 (505) 885-4596		7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL and 1980' FWL (NE NW) Unit C Sec. 15, T24S-R26E		8. Well Name and No. <i>Wadi 15 Fed.</i> Mallon 15 Federal No. 1 <i>NO. 01</i>
		9. Well API No.
		10. Field and Pool, or Exploratory Area Delaware
		11. County or Parish, State Eddy County, New Mexico

RECEIVED  
BUREAU OF LAND MGMT.  
FORWELL OFFICE  
JUL 24 1997

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other: Change well name
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)

The above referenced well's name will be changed to the following: Wadi 15 Federal No. 1

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

Signed *Theresa A. McAndrews* Title Office Manager Date 6-30-97  
Theresa A. McAndrews

(THIS SPACE FOR FEDERAL OR STATE OFFICE USE)

Approved By (ORIG. SCD.) TONY L. FERGUSON Title ADM. MINERALS Date JUL 22 1997

Conditions of approval, if any.

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