

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT 1  
P.O. Box 1980 Hobbs NM 88240

DISTRICT 2  
P.O. Drawer CD Artesia NM 88210

DISTRICT 3  
1000 Rio Brazos Rd Aztec NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO	30-015-29538
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No	
7. Lease Name or Unit Agreement Name	Mallon 16 State
8. Well No	2
9. Pool name or Wildcat	Wildcat, Black River Delaware, West

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	
1. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Mallon Oil Company	
3. Address of Operator P.O. Box 3256, Carlsbad, NM 88220	
4. Well Location Unit Letter <u>D</u> <u>660'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>24S</u> Range <u>26E</u> NMPM <u>Eddy</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3443' GL</u>	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: Extension of APD <input checked="" type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Mallon Oil Company requests a one-year extension on Application for Permit to Drill.

RECEIVED  
OCD - ARTESIA

APPROVAL VALID FOR 4 DAYS  
PERMIT EXPIRES 4/17/99  
UNLESS DRILLING UNDERWAY

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Christy Serrano TITLE Production Secretary DATE 4/14/98

TYPE OR PRINT NAME Christy Serrano TELEPHONE NO 505-885-4596

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DATE 4-22-98

CONDITIONS OF APPROVAL IF ANY  
DISTRICT II SUPERVISOR