| D. b. 12 Capier | | | State of New Mexi | | | | | Form C 103 | | | |
|--|----------------|---|-----------------------------------|-------------------|----------|------------|-------------------------------------|--------------------------------------|--------|--|--|
| Submit 3 Copies to Appropriate | | Energy, Minerals and Natural Resources Department | | | | | | Revised 1-1-89 | | | |
| District Office | | | | | | | | | | | |
| <u>DISTRICT 1</u> P.O. Box 1980 Hobbs, NM 38240 | | | | | | | WELL API NO | | | | |
| P.O. Box 1980, Honors, May 20540 | | OIL CONS | ERVATIO | N DIVISI | ON | | 30-0 | 025-24936 | 6 | | |
| DISTRICT 2 | | OIL CONS. | P.O. Box 2088 | 11 22 1 20 2 | | | 5. Indicate Type of | Lease | | | |
| P.O. Drawer DD, Artesia, NM 88210 | | Santa F | e, New Mexico 8 | 7504-2088 | | | | | | | |
| DISTRICT 3 | | | | | | | State 6. State Oil & Gas Lease No. | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | K-5187 | | | | | |
| | SUNDRY NO | TICES AND REPO | ORTS ON WEL | | | | | | | | |
| | | ROPOSALS TO DRILL | | | к то а | | 7. Lease Name or | 7. Lease Name or Unit Agreement Name | | | |
| | | RVOIR. USE "APPLI | | | | | | | | | |
| ט | | C-101) FOR SUCH PF | | | | | State C | | | | |
| 1 Type of Well | (FORM | C-101) FOR SUCH FF | (OFOSALO.) | | | | _ | | | | |
| OIL GAS WELL X WELL | ОТН | ER | | | | | | | | | |
| 2 Name of Operator | | | | | | | 8. Well No. | | | | |
| Mallon Oil Cor | npany | | | | | | 3 | 3 | | | |
| 3 Address of Operator | | | | | | | 9 Pool name or W | ildcat | | | |
| P.O. Box 3256 | 6, Carlsbad, N | M 88220 | | | | | Lov | ington Pe | nn, NE | | |
| 4 Well Location | | | | | | | | | | | |
| Unit Letter | 0 | 660 | Feet From The | South Line | and | 1980 | Feet From The | East | Line | | |
| : Section | 17 | Township | 16S | Range | | 37E | NMPM | Lea | County | | |
| | | 10. Elevation | (Show whether DF, RK 3841' RKB | | | | | | | | |
| 1. 19. 132 | Chec | k Appropriate Box t | o Indicate Natu | re of Notice, R | eport. | or Other I | Data | | | | |
| NOTICE (| OF INTENTIO | | | | SU | BSEQUE | NT REPORT | OF | | | |
| PERFORM REMEDIAL WORK | PLU | G AND ABANDON | , | REMEDIAL WORK | | | ALTE | ERING CASING | | | |
| TEMPORARILY ABANDON | Х сня | INGE PLANS | | COMMENCE DRILLIN | IG OPNS | | PLU | G AND ABANDO | ONMENT | | |
| PULL OR ALTER CASING | | | _ | CASING TEST AND C | EMENT JO | ов | | | | | |

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

The above referenced well's reservoir pressure will be monitored by acoustic fluid level for water flood response. This data is essential for engineering evaluation.

This data will be taken and submitted every six (6) months.

| hereby certify that the information above is true and complete to the best of my ki | DATE 05/02/97 | | | |
|---|---------------|--------------------|---------------|--------------|
| SIGNATURE THE LANGULUM TYPE OR PRINT NAME THE THE THE THE THE THE THE THE THE TH | | Operations Manager | TELEPHONE NO. | 505-885-4596 |
| ORIGHNAL CO. | | | . j. | |
| APPROVED BY GARY VANA FIELD REP | TITLE | | DATE | |

Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C 103 Revised 1-1-89

to Appropriate District Office

DISTRICT 1 P O Box 1980 Hobbs NM 88240

DISTRICT 2 PIO Drawer DC Artesia NM 38210

PULL OR ALTER CASING

OIL CONSERVATION DIVISION

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

025 WELL API NO

30-25-24936 Indicate Type of Lease

State

| <u>DISTRICT 3</u> 1000 Rio Brazos Rd. Aztec, NM. 87410 | | | | | 6. State Oil & Gas Lease No. | | | | | |
|--|--------------|--------------------|------------------|------------------|------------------------------|-------------------------------------|--------------------|--------------|--------|--|
| 1000 1100 514250 110 | | | | | | | K-5 | 187 | | |
| | SUNDRY N | OTICES AND REP | ORTS ON WE | LLS | | | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | | 7 Lease Name or Unit Agreement Name | | | | |
| | | | | | | | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | | | State C | | | | |
| 1. Type of Well OIL GAS WELL X WELL | Γ | HER | | | | | | | | |
| 2. Name of Operator | | | | | | | 8. Well No. | | | |
| Mallon Oil Co | mpany | | | | | | ; | 3 | | |
| 3. Address of Operator | | | | | | | 9. Pool name or W | fildcat | | |
| P.O. Box 3256, Carlsbad, NM 88220 | | | | | | | Lovington Penn, NE | | | |
| 4. Well Location | | | | | | | | | | |
| Unit Letter | O | 660 | Feet From The | South Line | and | 1980 | Feet From The | East | Line | |
| Section | 17 | Township | 16S | Range | · | 37E | NMPM | Lea | County | |
| | | 10. Elevation | 3841' RKE | 3 | | | | | | |
| | Che | ck Appropriate Box | to Indicate Natu | re of Notice, R | Report, | or Other I | Data | | | |
| NOTICE | OF INTENTION | | | | SU | BSEQUE | NT REPORT | OF | | |
| PERFORM REMEDIAL WORK | P | LUG AND ABANDON | | REMEDIAL WORK | | _ | ALTERING CASING | | | |
| TEMPORARILY ABANDON | X c | HANGE PLANS | | COMMENCE DRILLIN | IG OPNS | | PLU | G AND ABANDO | NMENT | |

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 five-year Temporary Abandonment status on the above referenced well for Engineering evaluation.

TA STATUS WILL BE GRANTED AFTER A 30-MINUTE PRESSURE TEST WITH A CHART HAS BEEN RUN AND HOLDS TO 500#. THIS CHART ALONG WITH FORM C-103 NEEDS TO BE SUBMITTED FOR THE TA STATUS REQUESTED.

OTHER:

CASING TEST AND CEMENT JOB

| I hereby certify that the information above is true and complete to the best of my knowledge and better. SIGNATURE / COLOR O MATE O MA | | | | | | |
|--|-----------------------|------|--|---------|--------|--------------|
| | Duane C. Winkler | | | TELEPHO | NE NO. | 505-885-4596 |
| (This space for State Use) | DRIGINAL SKI EDBY | T. F | | DATE | MAR | 2 1 1997 |
| CONDITIONS OF APPROVA | ALIFANY FISTO HER. II | ITLE | | | i mark | |