

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 DD, 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
30-025-27323
5. Indicate Type of Lease
State
6. State Oil & Gas Lease No
OG-4765
7. Lease Name or Unit Agreement Name

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"/>		8. Well No
2. Name of Operator Mallon Oil Company		3
3. Address of Operator P.O. Box 3256, Carlsbad, NM 88220		9. Pool name or Wildcat Lovington Penn, NE
4. Well Location Unit Letter <u>C</u> <u>660</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>16S</u> Range <u>37E</u> NMPM <u>Lea</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3852' GR</u>		

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>		

SUBSEQUENT REPORT OF

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING
COMMENCE DRILLING OPNS	<input type="checkbox"/>	PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB	<input type="checkbox"/>	
OTHER:		

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.

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.

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

SIGNATURE <u>Theresa McAndrews</u>	TITLE <u>Office Manager</u>	DATE <u>05/02/97</u>
TYPE OR PRINT NAME <u>Theresa McAndrews</u>	TELEPHONE NO <u>505-885-4596</u>	
(This space for State Use)		
APPROVED BY <u>GARY WINK</u>	TITLE <u>FIELD REP. II</u>	DATE <u>5/2/97</u>
CONDITIONS OF APPROVAL IF ANY:		