

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

30-025-27498

5. Indicate Type of Lease

State

6. State Oil & Gas Lease No.

OG-4765

7. Lease Name or Unit Agreement Name

Pennzoil State

8. Well No

4

9. Pool name or Wildcat

Lovington Penn, NE

**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 GAS ☐ WELL OTHER ☐

2. Name of Operator

Mallon Oil Company

3. Address of Operator

P.O. Box 3256, Carlsbad, NM 88220

4. Well Location

Unit Letter E 1980 Feet From The North Line and 660 Feet From The West Line  
Section 18 Township 16S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3864 GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

**SUBSEQUENT REPORT OF**

REMEDIAL WORK ☐ ALTERING CASING  
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT  
CASING TEST AND CEMENT JOB ☐  
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 Theresa A. McAndrews

TITLE Operations Manager

DATE 05/02/97

TYPE OR PRINT NAME Theresa A. McAndrews

TELEPHONE NO. 505-885-4596

(This space for State Use)

APPROVED BY GARY WINK

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY FIELD REP. II