

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 1280 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 025
30-25-27498

5. indicate Type of Lease

State

6. State Oil & Gas Lease No

OG-4765

7. Lease Name or Unit Agreement Name

Pennzoil State

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 ☐ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator

Mallon Oil Company

8. Well No.

4

3. Address of Operator

P.O. Box 3256, Carlsbad, NM 88220

9. Pool name or Wildcat

Lovington Penn, NE

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.

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.**

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

SIGNATURE Duane C. Winkler TITLE Operations Manager

DATE 03/14/97

TYPE OR PRINT NAME Duane C. Winkler

TELEPHONE NO. 505-885-4596

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY GARY WINK

TITLE

DATE

MAR 20 1997

CONDITIONS OF APPROVAL IF ANY:

FIELD REP. II