

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 APT NO.	30-025-33-84
5. Indicate Type of Lease	State
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Eureka 36 State
8. Well No.	1
9. Pool name or Wildcat	N. Vacuum, Atoka Morrow

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input checked="" 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>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>16S</u> Range <u>34E</u> NMPM <u>Lea</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4042' GR</u>	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <input type="checkbox"/>	OTHER: <input 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.

Cement squeezed Strawn perms (11,862'-11,876') with 100 sacks Class H cement with additives.

Perforate the Atoka 12,503'-12,523', 80 holes, 4 JSPF. Frac with 56,000 lbs 20/40 mesh sand.

06/08/97- Initiate production.

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

SIGNATURE <u>Theresa A. McAndrews</u>	TITLE <u>Office Manager</u>	DATE <u>06/18/97</u>
TYPE OR PRINT NAME <u>Theresa A. McAndrews</u>	TELEPHONE NO. <u>505-885-4596</u>	
(This space for State Use)		
APPROVED BY <u>Paul Kautz</u>	TITLE <u>Geologist</u>	DATE <u>06/21/97</u>

CONDITIONS OF APPROVAL IF ANY: