

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.
30-025-29918

5. Indicate Type of Lease

State

6. State Oil & Gas Lease No.

VB-051

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.)

7. Lease Name or Unit Agreement Name

Pennzoil 36 State

1. Type of Well:

OIL
WELL

☒

GAS
WELL

☐

OTHER

☐

2. Name of Operator

Mallon Oil Company

8. Well No.

1

3. Address of Operator

P.O. Box 3256, Carlsbad, NM 88220

9. Pool name or Wildcat

Bone Springs

4. Well Location

Unit Letter

I

1980

Feet From The South

Line

and

660

Feet From The

East

Line

Section

36

Township

19S

Range

33E

NMPM

Lea

County

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

3598.3 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF

PERFORM REMEDIAL WORK

☐

PLUG AND ABANDON

☐

REMEDIAL WORK

☐

ALTERING CASING

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

PULL OR ALTER CASING

☐

CASING TEST AND CEMENT JOB

☐

OTHER:

☐

OTHER:

Re-completion to Bone Springs

☒

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 set a CIBP at 12,330' and put 2 sks of cmt on top of CIBP to isolate the Atoka perms 12,427-12,437'.

Perforated the Bone Springs 10,590'-10,600' and 10,020'-10,036' 4 JSPF. Acid stimulate and initiated production March 1, 1997.

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

SIGNATURE Theresa A. McAndrews
TYPE OR PRINT NAME Theresa A. McAndrews

TITLE Office Manager

DATE 04/14/97

TELEPHONE NO 505-885-4596

(This space for State Use)

APPROVED BY CRICK TITLE

DATE

APR 29 1997

CONDITIONS OF APPROVAL IF ANY:

JC

2A Quail Ridge Atoka