## Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form € 103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2

P.O. Drawer DD. Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

WELL API NO 30-025-30497

5. indicate Type of Lease

DIŞŢRĮCT 1000 Rio B	3 Brazos Rdi, Aztec, NM 874	<b>4</b> 10		Santa	re, New Mexico	87504-208	38			Fee			
		SUNDRY	NOTICES	AND REPO	ORTS ON WE	ELLS							
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"								7. Lease Name or Unit Agreement Name				
1 Type of				OR SUCH PR						Pric	e Family	Trust	
OIL WELL	GAS X WELL		OTHER										
2 Name of	·	<b>mn</b> ony						<del></del> -	- <del></del> -	8. Well No			
3 Address	Mallon Oil Co	mpany —	<del></del>							2	<u>:</u>		
P.O. Box 3256, Carlsbad, NM 88220							9. Pool name or Wildcat Shipp, Strawn						
4 Well Loc	cation										·		
	Unit Letter	_ <u>N</u>	:	900	Feet From The	South	Line	and	1750	Feet From The	West	Line	
·····	Section	1		Township	178		Range		37E	NMPM	Lea	County	
					Show whether DF, Ri 3737.5 GF	₹	Ź						
	NOTICE C	C DE INTENI	heck Appro	priate Box to	Indicate Natu	ire of Not	ice, Re					······································	
PERFORM	REMEDIAL WORK		PLUG AND ABAI		!			SU	BSEQUE	NT REPORT	OF		
	RILY ABANDON		CHANGE PLANS	==		REMEDIAL W			<u></u>	ALTER	RING CASING		
PULL OR ALTER CASING					COMMENCE DRILLING OPNS  CASING TEST AND CEMENT JOB				PLUG AND ABANDONMENT				
OTHER:						CASING TES OTHER:	T AND CEM	IENT JO	В				
10 0	On Proposed of Completed										====		

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates uncluding 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.

SIGNATURE TU	mation above is true and complete to the best of my kn	DATE	05/02/97		
TYPE OR PRINT NAME	Theresa A. McAndrews			TELEPHONE NO	505-885-4596
(This space for State Use)	ORIGINAL SIGNED BY				
APPROVED BY	MANY YEAD	TITLE		DATE AT AT	V . o .
CONDITIONS OF APPROV	ALIFANY: FIELD FIER. II			DATE	<u>' '' 5 1997</u>