1 Type of Well X Cil Well 2 Name of Operator Mallon Oil 3 Address and Telephone No.	UNITED STAT DEPARTMENT OF THE BUREAU OF LAND MAN SUNDRY NOTICES AND REPO Do not use this form for proposals to drill or to deep Use "APPLICATION FOR PERMIT SUBMIT IN TRIFLICATE Gas Well Other Company 3256 Carlsbad, NM 88220	INTERIOR NAGEMENT DRTS ON WELLS en or reentry to a different reservoir.	E-NAVAREA-MET But SEques March 31 1933 5. Lease Designation and Serial No. NM57285 6. If Indian, Affotte or Tribe Name N/A 7. If Unit or CA. Agreement Designation N/A 8. Well Name and No. Mallon 27 Federal No. 14 No. 9. Well API No. 30-025-34678
4 Location of Well (Foolage, Sec., T., R., M., or Survey Description) 660' FSL and 660' FWL (SW, SW) Unit M SEC. 27, T19S- R34E			10 Field and Pool, or Exploratory Area Quail Ridge, Bone Springs, 11 County or Pansh, State Lea County, NM
12	CHECK APPROPRIATE BOX(S) TO IN	IDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION T			OF ACTION
subsurface locat	Notice of Intent X Subsequent Report Final Abandonment Notice Seleted Operations (Clearly state all pertinent details, and give pertinent date ions and measured and true vertical depths for all markers and zones pertinent details. Company request a one year extension on the	Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other APD Extension	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water Clin Reprinted Instrumentation (Alexandre Plants Shut-Off Alexandre Plants) Construction of Reprinted Based and Logiciers If well is directionally drilled give
14 Thereby certify that the foregoing is true and correct Signed Diana Marrujo The TEATER FEB FEB FEB CARE CARE CARE CARE CARE CARE CARE CARE		Production Secretary Date 5/22/00	
Approved ByConditions of approval if any:	skes it a crime for any person knowingly and willfully to make any departmen) itle	Date 16/3//2000
as to any matter within its jurisdicti		gy 2 2es same, any abso, nominous of the	

