our Arbbs

Form 3189.5 (3.44E 1980)	DEBARTMENT OF THE INTERIOR		FORM APPROVED Budget Burses No. 1004-0135 Expres Merch 31, 1983 5. Lease Designation and Serial No.
			NM 57285 6. If Indian, Alotte or Tribe Name N/A
	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well X Oil Well	Gas Wel Other:		N/A
2. Name of Operator	Mallon Oil Company		8. Well Name and No. Mallon 27 Federal 14
3 Address and Telephone No.	P.O. Box 3256, Carlsbad, NM 88220	(505) 885-4596	9. Well API No 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec. 660' FSL an Sec 27, T19	d 660' FWL (SW SW) Unit M		Quail Ridge, Bone Springs 11 County or Parish, State Lea County, NM
12.	CHECK APPROPRIATE BOX(S) TO INC	ICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
	TYPE OF SUBMISSION	TYPE C	PE ACTION
	Notice of Intent	Abandonment Recompletion	Change of Plans New Construction
	X Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off
	Final Abandonment Notice	Altering Casing X Other:	Conversion to Injection Dispose Water
	led Operations (Clearly state all pertinent details, and give pertinent dates, as and measured and line vertical depths for all markers and zones pertine		Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form:) veil is directionally drilled, give
Mallon Oil Company request a one year extension on the application for permit to drill.			
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		500 125/2	acc
14. I hereby certify that the foregor	ng is true and correct		
Signed Diana M	am arrujo	Title <u>Production Secretary</u>	Date 5/10/99
(THIS SPACE FOR FEDERAL OR STATE OFF		Title	Engineer Date 7/15/49
Title 18 U.S. C. Section 1001, mail as to any matter within its jurisdictic	ses it a crime for any person knowingly and willfully to make any departmen	t or agency of the United States any false, fictitious or fraud	Sideral statements or representations as