

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Mineral and Natural Resources Department

Form C-105
Revised 1-1-89

DISTRICT I
PO Box 1980, Hobbs, NM 88240

DISTRICT II
PO Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-31832
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CARSON CITY 25 FEE COM
8. Well No. 1Y
9. Pool name or Wildcat UNIT - CARLSBAD MORROW, EAST

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator MYCO INDUSTRIES INC.	3. Address of Operator P.O. BOX 840, ARTESIA, NM 88211-0840 (505)746-0246
4. Well Location Unit Letter Section <u>G</u> : <u>(E/2) 1500'</u> Feet From The <u>NORTH</u> Line and <u>1650'</u> Feet From The <u>EAST</u> Line <u>25</u> Township <u>21S</u> Range <u>27E</u> NMPM County <u>EDDY</u>	10. Elevation (show whether DF, RKB, RT, GR, etc.) 3144' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF :	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>NAME CHANGE</u> <input checked="" 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.

4/16/02 NAME CHANGE EFFECTIVE TODAY 4/16/02 FROM CARSON CITY #1Y TO CARSON CITY 25 FEE COM #1Y.

NEW PROPOSAL, CARSON CITY 25 FEE COM

CERTIFIED RETURN: 7001 1940 0006 6414 4625

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

SIGNATURE Isabel Lopez TITLE ENG. TECH. DATE 4/16/02
TYPE OR PRINT NAME ISABEL LOPEZ TELEPHONE NO. (505) 746-0246

(This space for State Use)
APPROVED BY James W. Beam TITLE District Supervisor DATE MAY 20 2002
CONDITIONS OF APPROVAL, IF ANY: