

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-105
Revised 1-1-89

CLSF

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. 30-015-32305	
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 AUGUSTA 24 FEE	
8. Well No. #1	
9. Pool name or Wildcat	

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator
MYCO INDUSTRIES, INC.

3. Address of Operator
P.O. BOX 840 ARTESIA, NM 88211-0840 (505)748-4288

4. Well Location
Unit Letter A : 660' Feet From The NORTH Line and 660' Feet From The EAST Line
Section 24 Township 21S Range 27E NMPM EDDY County

10. Elevation (show whether DF, RKB, RT, GR, etc.)
3149

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

11. **NOTICE OF INTENTION TO:**
☐ PERFORM REMEDIAL WORK
☐ TEMPORARILY ABANDON
☐ PULL OR ALTER CASING
☐ OTHER:
☐ PLUG AND ABANDON
☐ CHANGE PLANS

SUBSEQUENT REPORT OF:
☐ REMEDIAL WORK
☐ ALTERING CASING
☐ COMMENCE DRILLING OPNS.
☐ PLUG & ABANDONMENT
☐ CASING TEST AND CEMENT JOB
☒ OTHER: RUN CEMENT-SURFACE CASING.

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.

6-14-02 (SET-CMT 60" COND. PIPE), SPUD WELL AND RAN 13-3/8" H-40, 48# TO TD (471'). PUMPED 185-SXS THICKSET "4" + 1% CaCl2 + 10# GILSONITE + 1/2# C.F., FOLLOW W/200-SXS "C" LITE + 2% CaCl2, FOLLOW W/200-SXS "C" NEAT AND TAIL W/200-SXS "C" + 2% CaCl2. CIRC. 200-SXS TO PITS. RANDY DUTTON WITH MYCO INDUSTRIES, INC., NOTIFIED CITY CARLSBAD AND ARTESIA OCD.

CERTIFIED RETURN: 7001 1940 0006 6414 4922

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

SIGNATURE Isabel Lopez TITLE ENGINEERING TECHNICIAN DATE 6-15-02
TYPE OR PRINT NAME Isabel Lopez TELEPHONE NO. (505)748-4288

(This space for State Use)

APPROVED BY [Signature] ORIGINAL SIGNED BY TIM W. GUN
DISTRICT II SUPERVISOR TITLE

DATE

JUN 26 2002

CONDITIONS OF APPROVAL, IF ANY: