

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSF
bp

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. 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.

30-015-29170

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST LOVING FEE

8. Well No.

1

9. Pool name or Wildcat

CASS DRAW-DELAWARE

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

4. Well Location

Unit Letter

F

1980'

Feet From The

NORTH

Line and

1980'

Feet From The

WEST

Line

Section

23

Township

23S

Range

27
29E

NMPM

EDDY

County

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

☐

PULL OR ALTER CASING ☐

OTHER:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB ☐

OTHER:

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.

5/18/98 NOTIFIED BETH ROLLINS AT ARTESIA NMOC D OF INTENT TO COMMENCE P/A ON 5/19/98.

5/19/98 SET CIBP AT 3210' ON TBG.

5/20/98 CIRCULATED HOLE (350-SX) WITH CLASS "C" AND SET DRY HOLE MARKER.
(BJ TCKT #L-131847)

WILL NOTIFY FOR FINAL INSPECTION

MAY 22 1998
RECEIVED
OCD - ARTESIA

CERTIFIED RETURN: P 387 148 461

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

SIGNATURE

Tim W. Gum

TITLE OPER. MGR.

DATE

5/22/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY

DISTRICT II SUPERVISOR

TITLE

DATE

6-1-98

CONDITIONS OF APPROVAL, IF ANY: