Submit 3 Copies To Appropriate District Office District I S 9 10 17, State of New Mexico Energy, Magazals and Natural Res	Form C-103
	WELL API NO.
District II 811 South First, Artesia, NM 872 0	30-015-31535 SION
District III	
1000 Rio Brazos Rd., Aztec, NM 1210 District IV  RECENTES Santable, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 2505 0CD	o. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSACE TO DEEPEN OR PLUG B.  DIFFERENT RESERVOIR. USE "APPLICATION ECOLOPERMIT" (FORM C-101) FOR SU  PROPOSALS.)	7. Lease Name or Unit Agreement Name ACK TO A CH
1. Type of Well: Oil Well X Gas Well C Other	AUSTIN STATE
2. Name of Operator MYCO INDUSTRIES, INC.	8. Well No. #1
3. Address of Operator P.O. BOX 840 ARTESIA, NM 88211-0840 (505) 746-0246	9. Pool name or Wildcat CARLSBAD, MORROW, EAST
4. Well Location	
Unit Letter B : 660 feet from the NORTH line and 1400 feet from the EAST line	
Section 36 Township 21S Range	27E NMPM EDDY County
10. Elevation (Show whether DR, RKI 3121' GL	3, RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:  EMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	OMMENCE DRILLING OPNS. PLUG AND BANDONMENT
	ASING TEST AND   EMENT JOBS
OTHER: O	THER: RECOMPLETE TO STRAWN
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.	
MORROW ZONES DEPLETED - RECOMPLETE TO STRAWN	
8/13/03 - 9/02/03 SET CIBP @ 11,452' OVER MORROW PERFS (11,572-684') WITH 36' CMT. PBTD=11,416'	
PERF STRAWN: 10,409 - 36' (16-HOLES) + 2000 GAL 7-1/2% 10,514-18' (3-HOLES) + 2000 GAL 7-1/2% 10,558-82' (14 HOLES) + 2000 GAL 7-1/2% FRAC STRAWN 10,409-582' (33 HOLES TOTAL) W/ 2000 GAL 7-1/2% + 40,000 GAL + 25,100# 20-40.	
WELL PRODUCING FROM STRAWN 10,409-582' @ 165 MCFD + 5-BC + 0-BW.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE SAMMAL GALOYMUN TITLE EN	IGR/LAND TECH DATE 09/03/2003
Type or print name HANNAH PALOMIN	Telephone No. (505)748-4288
APPROVED BY Jim W. Sumple Ristrict Supervisor DASEP 17 2003	
APPROVED BY Conditions of approval, if any:	DASE 17 2013