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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-0630

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MYD FEDERAL #1

9. API Well No.

30-015-27862

10. Field and Pool, or Exploratory Area

EAGLE CREEK-ATOKA/PENN/STR

11. County or Parish, State

EDDY CO., NM

SUBMIT IN TRIPLICATE

DEC 27 '94

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

MYCO INDUSTRIES, INC.

3. Address and Telephone No.

P O BOX 840, ARTESIA, NM 88211-0840

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FSL & 1980' FEL
Sec 34-T17S-R25E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

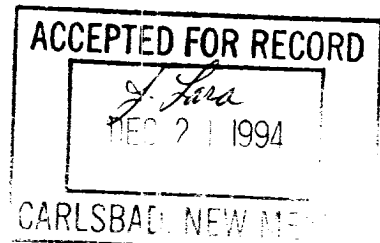
☒ Abandonment T/A STRAWN
☐ Recompletion
☒ Plugging Back TO CISCO PENN LI
☐ Casing Repair
☐ Altering Casing
☐ Other

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

SET RBP @ 6788' KB OVER STRAWN (T/A).
PERORATIONS @ 6528', 71', 75', 77', 98', 6604', 25', 47', 60', 63', 65', 72', & 82' (CISCO PENN LI)
ACIDIZE 6528'-6682' W/3800 gals 15% NEFE & balls.
FRAC 6528'-6682' W/3000 15% NEFE ACID 140,000 gals 40# HYBORGEL 81,800# 20/40 OTTAWA SAND.



NOTE: AT A LATER DATE WILL SUBMIT TO THE NMOCD REQUEST FOR
ADMINISTRATION APPROVAL TO COMMINGLE STRAWN.

CERTIFIED RETURN: Z 064 712 830

14. I hereby certify that the foregoing is true and correct

Signed Shelda Moreno

Title ENGINEERING TECH.

Date 12/5/94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date