

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CLASSIFIED RETURN: Z 064 712 830

Form C-103  
Revised 1-1-89

**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.

30-015-27862

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

NM-0630

7. Lease Name or Unit Agreement Name

MYD FEDERAL

8. Well No.

#1

9. Pool name or Wildcat  
EAGLE CRK-ATOKA/PENN/STRA

**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

GAS

Well ☐

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 C

990

Feet From The SOUTH

Line and

1980

Feet From The EAST

Line

Section 34

Township 17S

Range 25E

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: PLUG BACK

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.

SET RBP @ 6788' KB OVER STRAWN (T/A).

PERORATION @ 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: WORK COMPLETED PRIOR TO APPROVAL.*

**NOTE:** AT A LATER DATE WILL SUBMIT TO THE NMOCDD REQUEST FOR  
ADMINISTRATION APPROVAL TO COMMINGLE STRAW.

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

SIGNATURE

*Hilda Moreno*

TITLE

ENGINEERING TECH

DATE

12/5/94

TYPE OR PRINT NAME HILDA MORENO

TELEPHONE NO. (505) 748-4258

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

DEC 20 1994

CONDITIONS OF APPROVAL, IF ANY: