

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL CONS. COMMISSION  
SUBMIT IN TRIPLE  
Copy 22 (Other instructions  
verse side)  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

C15F

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MYCO Industries, Inc.	8. FARM OR LEASE NAME Robinson <i>Feed</i>
3. ADDRESS OF OPERATOR 207 S. 4th Street Artesia, NM 88210	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 660' FWL S35-T17S-R29E	10. FIELD AND POOL, OR WILDCAT Loco Hills On-GB-SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S35-T17S-R29E
15. ELEVATIONS (Show whether Dr. RT. GR. ARTESIA, OFFICE 3541' GL	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY  
SEP - 5 1986  
O. C. D.  
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Change Operator	

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

17. 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.)

Effective 9-1-86, the above captioned well will be operated by MYCO Industries, Inc. instead of Martin Yates III who has been the operator of the well since it was spudded.

Please note the attached NMOCD Form C-104 which denotes the change in operator as of 9-1-86.

MYCO has both N.M. State & Federal plugging bonds on file with the N.M.O.C.D.

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

SIGNED *Ann Murray* TITLE Engineer DATE 9-1-86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

SEP 04 1986

\*See Instructions on Reverse Side