

30-015-10851

Rec'd. 8-25-66

1- Gamma Ray Neutron  
Log

Rec'd. 12-16-66

1- Gamma Ray Neutron  
Log

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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.  
30-015-10851

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E-9891

7. Lease Name or Unit Agreement Name  
ATOKA STATE

8. Well No.  
3

9. Pool name or Wildcat  
ATOKA S/A

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 K : 1650' Feet From The FSL Line and 2310' Feet From The FWL Line  
Section 16 Township 18S Range 26E 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 ☒ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒

PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐

OTHER: ☐ 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.

12/15/98: NOTIFIED ARTESIA NMOCD (MIKE STUBBLEFIELD) 24-HR. NOTICE OF INTENT TO P/A.

12/16/98: VIA 2 3/8" TBG (8-STAGES) CIRCULATED HOLE FROM TD TO SURFACE W/CMT. USED 165-SXS CLASS "C".

12/17/98: CLEANED LOCATION AND SET DRY HOLE MARKER - WELL IS READY FOR FINAL INSPECTION.

CERTIFIED RETURN: P 387 148 494

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

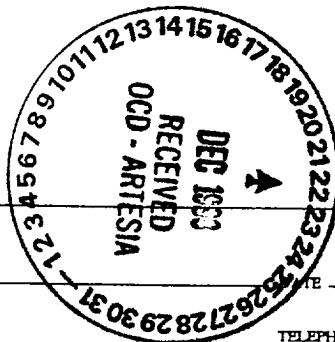
SIGNATURE Minimally, PERS TITLE OPER. MGR. DATE 12/19/98

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY Ed Gonzalez TITLE Fed Rep DATE 1-4-99

CONDITIONS OF APPROVAL, IF ANY



Post ID-2  
1-8-99  
PAA