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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
RECEIVED  
SEP 25 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

## 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. 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 Gopher Gulch State
3. Address of Operator 207 South 4th St., Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>P</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>18S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Wildcat Und. So. Leo-Q-Grayburg
11. Elevation (Show whether DF, RT, GR, etc.) 3034' GR	12. County Eddy

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

## SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Perforate, Treat</u> <input checked="" type="checkbox"/>

17. 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.

TD 3512'. WIH and perforated 2559-2587' w/10 .42" holes as follows: 2559, 60, 61, 2570, 71, 72, 73, 2585, 86 and 87'. Acidized perms 2559-87' w/2000 gallons 15% acid and ball sealers. Frac'd perms 2559-87' w/20000 gallons 2% KCL water, 33250# 20/40 sand.

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

Signed Leah A. Clements TITLE Production Supervisor DATE 9-25-84  
APPROVED BY \_\_\_\_\_ TITLE Original Signed By  
Leah A. Clements DATE SEP 28 1984  
Supervisor District II  
CONDITIONS OF APPROVAL, IF ANY: