

CORRECTED COPY

CSF

Drawer 03
Artesia, NM 88210
(November 1981)
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions
verse side)

Expires August 31, 1985

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
MYCO Industries, Inc.

3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210

RECEIVED BY
JAN 31 1985
O. C. D.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980 FSL & 1980 FEL, Sec. 35-T18S-R29E

5. LEASE DESIGNATION AND SERIAL NO.
LC 062069

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Roadrunner Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
South Lea Queen Grayburg - SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit J, Sec. 35-T18S-R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)
3412' GR

16. 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 PLANT <input type="checkbox"/>	(Other) <u>Production Casing</u>	<input checked="" type="checkbox"/>
(Other)		(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.)*

APP appld for 3800'

1-2-85. TD 4100'. Ran 99 jts 5-1/2" 15.5# K-55 casing set 4109'. Float shoe set 4109'. Float collar set 4067'. Cemented w/800 sx Class C w/.5% CF-1, .2% AFS. Compressive strength of cement - 950 psi in 12 hrs. PD 9:00 PM 1-2-85. Bumped plug to 1000 psi, released pressure, float and casing held okay. WOC 18 hrs. Tested casing to 1000 psi for 30 minutes, okay. Waiting on completion unit.



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

SIGNATURE Quanta Doolittle TITLE Production Supervisor DATE 1-15-85

(This space for Federal or State office use)

APPROVED BY ACCOUNTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY Jan 17 1985

*See Instructions on Reverse Side