

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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re-

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

RECEIVED BY

FEB 11 1985 SUNDARY 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. O. C. D.

ARTESIA, NM

OTHER

2. NAME OF OPERATOR

MYCO Industries, Inc. ✓

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 88210

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3412' GR

5. LEASE DESIGNATION AND SERIAL NO.

LC 062029

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-SF

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Correct production csg depth

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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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.)*

Change 5-1/2" casing depth from: 3800'
to: 4109'

TD of well 4110'.

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

SIGNED

Grant D. Smith

TITLE Production Supervisor

DATE 2-5-85

(This space for Federal or State office use)

APPROVED BY

ACCOUNTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL *Grant*

FEB 8 1985

*See Instructions on Reverse Side