

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

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

45F

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"/>	NM OIL CONS. COMMISSION Drawer DD	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MYCO Industries, Inc. ✓	Artesia, NM 88210	8. FARM OR LEASE NAME Roadrunner Federal
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL & 660 FWL, Sec. 35-T18S-R29E		10. FIELD AND POOL OR WILDCAT South Leo, 7-River-Queen Grayburg SA Turkey Track - SR-G- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA G-SA Unit L, Sec. 35-18S-29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3438' GR	12. COUNTY OR PARISH Eddy
		13. STATE NM

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

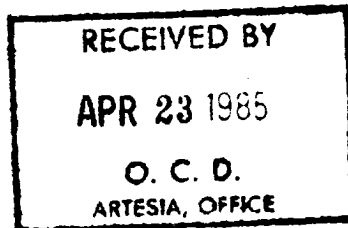
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 type="checkbox"/>	

(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.)*

4-13-85. Spudded 12-1/4" hole at 3:30 PM 4-13-85.

4-14-85. Ran 7 joints 8-5/8" 24# J-55 casing set 306'. 1-guide shoe set 306'. Insert float set 263'. Cemented w/100 sacks Class "C" w/1/2# flocele, 10# gilsonite and 2% CaCl2. Tailed in w/75 sacks Class "C" w/1/4# flocele and 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 1:45 AM 4-14-85. Bumped plug to 1000 psi, released pressure and float held okay. Cement did not circulate. WOC 4 hrs. Ran Temperature Survey and found top of cement at 50'. Ready-mixed to surface. WOC. Drilled out 9:15 PM 4-14-85. WOC 19 hrs and 30 minutes. NU and tested to 1000 psi for 30 minutes. OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.



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

SIGNED James L. Doolittle TITLE Production Supervisor DATE 4-16-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 17 1985

*See Instructions on Reverse Side