

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

*d/sf*

**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	
2. NAME OF OPERATOR MYCO Industries, Inc. ✓		Artesia, NM 88210	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Roadrunner Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3438' GR		10. FIELD AND POOL OR WILDCAT South Leo, 7-1188-Queen Crayburg SA Turkey Track-SR-B- 11. SEC., T., R., M., OR BLM AND SURVEY OR AREA G-SA	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

10. 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) _____	

(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.

RECEIVED BY  
**APR 23 1985**  
 O. C. D.  
 ARTESIA, OFFICE

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:

*Hub*  
APR 17 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO