

NM OIL CONS. COMMISSION
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

c/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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
MYCO Industries, Inc. ✓

3. ADDRESS OF OPERATOR
207 S. 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 & 660 FWL, Sec. 35-T18S-R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3438' 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.
3

10. FIELD AND POOL, OR WILDCAT
South Leo, 7 Rivers-Queen
Grayburg SA *Leakey Creek*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit L, Sec. 35-18S-29E

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Production Casing, Perforate <input checked="" 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.)*

4-21-85. TD 3300'. Ran 82 jts 5-1/2" 15.5# J-55 casing set 3300'. Guide shoe set 3300'. Float collar set 3260'. Cmt'd w/650 sx Halliburton Lite w/8#/sx salt and 1/4#/sx Flocele. Tailed in w/700 sx C1 C w/6%/sx salt and .4% CFR-3. Compressive strength of cement - 950 psi in 12 hrs. PD 8:15 AM 4-21-85. Bumped plug to 1000#, held okay. Tested casing to 1000# for 30 mins, OK. Circulated 50 sx cmt. WOC 18 hrs.

5-2-85. WIH and perforated 3208-12' w/42" holes (1 SPF-5 holes).

5-3-85. Acidized 3208-12' w/500 gals 15% NEFE acid w/ball sealers.

5-7-85. Set cement retainer at 3186'. Squeezed perms 3208-12' w/50 sx C1 H Neat to 1900#.

5-8-85. WIH and perforated 2918-20' w/5 .42" holes as follows: 2918, 18 1/2, 19, 19 1/2, and 20'.

5-10-85. Set retainer at 2883'. Squeezed perms 2918-20' w/50 sx C1 H Neat w/2% KCL. Squeezed to 1350#. WIH and perforated 2664-2852' w/17 .42" holes as follows: 2664, 65, 66, 67, 68, 2754, 55, 56, 57, 58, 2836, 37, 38, 42, 50, 51 and 52'. Acidized perms 2836-52' w/1000 gals 15% NEFE acid with ball sealers. Attempted to acidize perms 2754-58'. Could not pump into formation. Acidized perms 2664-68' w/500 gals 7 1/2% NEFE acid w/ball sealers.

5-15-85. Perforated 2520-90' w/18 .42" holes as follows: 2520, 21, 24, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 86, 87, 88, 89 and 90'. Acidized perms 2520-90' w/2000 gals 15% NEFE acid. Frac'd perms 2520-90' (18 holes) w/15000 gals gelled 20% acid w/corrosion and scale inhibitor.

5-23-85. Perforated 2288-2306' w/12 .42" holes as follows: 2288, 89, 90, 91, 92, 93, 94, 2302, 03, 04, 05 and 06'. Acidized perms 2288-2306' w/1000 gals 7 1/2% NEFE acid. Frac'd perms 2288-2306' w/24000 gals X-linked gel 2% KCL water and 10000# 20/40 + 31000# 12/20 sand.

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

SIGNED Quanta Goodlett TITLE Production Supervisor DATE 5-31-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JUN 3 1985

*See Instructions on Reverse Side