

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPL
(Other instructions
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

9/SF

BUREAU OF LAND MANAGEMENT

RECEIVED BY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or re-open or plug back to a different reservoir.
Use "APPLICATION FOR PERMITS" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		O. C. D. NM OIL CONS. COMMISSION	
2. NAME OF OPERATOR MYCO Industries, Inc.		ARTESIA, OFFICE DRAWER DD Artesia, NM 88210	
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		2310 FNL & 990 FWL, Section 35-T18S-R29E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3438' GR	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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.

10. FIELD AND POOL, OR WILDCAT
Und. Turkey Track
South Leo, 7 Rivers-Queen
Grayburg-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Unit E, Sec. 35-T18S-R29E

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

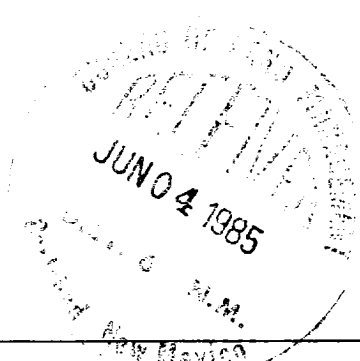
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Production Casing, Perforate	<input checked="" 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.)

4-29-85. TD 3282'. Ran 81 jts 5-1/2" 15.5# J-55 casing set 3282'. Guide shoe set 3282'. Float collar set 3240'. Cemented w/200 sx BJ Lite w/8#/sx salt. Tailed in w/600 sx Class "C" with .6% FL-19 and 5#/sx salt. Compressive strength of cement - 950 psi in 12 hrs. PD 10:05 AM 4-29-85. Bumped plug to 1000# for 30 minutes, released pressure, float and casing held okay. Cement circulated 50 sacks. WOC.
5-13-85. WIH and perforated 2751-57' w/7 .42" holes as follows: 2751, 52, 53, 54, 55, 56 and 57'. Acidized perfs 2751-57' w/1000 gals 7 1/2% HCL NEFE acid and 14 ball sealers.
5-18-85. Frac'd perfs 2751-57' w/20000 gals X-linked gel 2% KCL w/scale and corrosion inhibitor in pad.
5-21-85. WIH and perforated 2548-2623' w/16 .42" holes as follows: 2548, 49, 56, 57, 58, 59, 68, 69, 77, 78, 2606, 07, 08, 21, 22 and 23'.
5-28-85. Set pumping unit.

Perforations open - 2751-57'; 2548-2623'.



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

SIGNATURE Guadalupe D. Drellitt 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:

Luc
JUN 4 1985

*See Instructions on Reverse Side