"References ov		UNITED STA		(Athen Instructions		es August 31,		
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	BUREA	U OF LAND MA	NAGENENES	<u>a. 14. 6., 10</u>		062069		
JUL 12 Kin	IDRY NOT	ICES AND RI	EPORTS ON	WELLS	O. IF INDIA:	ALLOTTEE OR 7	THE NAME	
(Do not use this	form for propor	als to drill or to de	epen or plug back	to a different reservoir. als.}				
ARTESIA, OFFICE					7. UNIT AGE	BEMBNT NAME		
WELL X WELL	OTHER							
NAME OF OPERATOR						LEASE NAME		
MYCO Industries, Inc.						9. WHLL NO.		
ADDRESS OF OPERATOR					9. WELL NO			
207 South 41	th St., Ar	tesia, NM 88	3210 ance with any Stat	e requirements.*	10. 1100	ND FOOL OR WIL	DCAT P	
See also space 17 bel At surface	ow.)			•	South L Graybur	<u>né řeší</u> ozvil eo, 7 Rive	ers-Queen-	
	NT & QQA F	WL, Section	35_1185_220	F	11. SBC., T.,	R., M., OR BLE. A	MD CR	
2310 FI		wh, Section	JJ-1103-K29			BY OR AREA		
						E, Sec. 35		
PERMIT NO.			how whether DF, BT, 38' GR	GR, etc.)	12. COUNTY Edd	OR PARISE 13.	NM	
		D	- I- J'a-sa N-s.			<u>y</u>		
	Check Ap	•	o indicale Matu	e of Notice, Report, o	SEQUENT REPORT (DF :		
TEST WATER SHUT-O	·	PELL OR ALTER CASI	NG	WATER SHUT-OFF	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	APPAIRING WELL		
FRACTUBE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT Shooting or acidizing	77	ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON [®]				BANDON MENT		
REPAIR WELL	L} '	CHANGE PLANS		(Other) (Note: Report res Completion or Reco	ults of multiple of	completion on W	ell	
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