DEPARTMENT OF BUREAU OF LAND	MANAGEMENT 811 S. 1st Street	FORM APPROVED FORM APPROVED IVISION Expires: March 31, 1993 5. Lease Designation and Serial No. 2024 NM-86902
SUNDRY NOTICES AND Do not use this form for proposals to drill or to Use "APPLICATION FOR PER	REPORTS ON WELASesia, NM 88210 o deepen or reentry to a different reservoir MIT—" for such proposals	6. If Indian, Allonee or Tribe Name
SUBMIT IN TI	RIPLICATE SECONTED	7. If Unit or CA, Agreement Designation
Image: Speed of Weat Image: Speed of Weat		8. Well Name and No.
Mare of Operator MYCO INDUSTRIES, INC.	14N 09 1397	SAVER FEDERAL #1
Address and Telephone No.		9. API Well No. 30-015-29098
P.O. BOX 840, ARTESIA, NM 88210	ONL CON. DIV.	10. Field and Pool, or Exploratory Area
I. Location of Well (Footage, Sec., T., R., M., or Survey Description 660' FNL & 660' FWL UNIT D	DIST. 2	LOCO HILLS, Q-GB-SA 11. County or Parish, State
SEC 23-T18S-R29E		EDDY, NM
CHECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPO	DRT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
Subsequent Report	Recompletion	New Construction
CXJ Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing
Final Abandonment Notice	Altering Casing	Water Shut-Off Conversion to Injection
	Other DRILLING OPERATIONS	
		Dispose Water
Sue according and increased and the vertical debras	details, and give pertinent dates, including estimated date of starti for all markers and zones pertinent to this work.)*	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) ng any proposed work. If well is directionally drille
	details, and give pertinent dates, including estimated data of stand	(Note: Report results of multiple completion on Well Completion or Recompletions Report and Log form.) Ang any proposed work. If well is directionally drille (96).
Successful the sections and incessing and the vertical deputs	ACCEPTED FOR RECORD (QRIG. S3D.) DAVID R. GLAS	(Note: Report results of multiple completions on Well Completion or Recompletions Report and Log form.) ng any proposed work. If well is directionally drille (96).
CERTIFIED RETURN: P 387 148 41 I hereby certify that the foregoing is-true and correct Signed	ACCEPTED SOA PECORD (PRIV. S.SD.) DAVID R. GLAS BULLED S-DAYS (12/16/96 - 12/20/ ACCEPTED SOA PECORD (PRIV. S.SD.) DAVID R. GLAS JAN 0 7 1897 BUM	(Note: Report results of multiple completion on Well Completion or Recompletions Report and Log form.) Ang any proposed work. If well is directionally drille (96).
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