Form: 3160-5 (June 1990) DEPARTM	TED STATES	FORM APPROVED CS
BUREAU O		JIV SION Expires: March 31, 1993 5. Lesse Designation and Serial No.
	811 S. 1st Street ES AND REPORTS ON WELLS drill or to deepen or reentry to a different reserve FOR PERMIT—" for such proposals	NM-86902
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
I. Type of Well		
2. Marne of Operator MYCO INDUSTRIES, INC.		8. Well Name and No. SAVER FEDERAL #1
J. Address and Telephone No. P.O. BOX 840, Artesia, NM	JAN 1 0 1997 88210 505-748-4260	9. API Well No. 30-015-29098
4. Location of Well (Footage, Sec., T., R., M., or Survey		10. Field and Pool, or Exploratory Area LOCO HILLS, Q-GB-SA
660' FNL & 660' FWL UNIT D SEC 23-T18S-R29E	D18 7. 2	11. County or Parish, State EDDY, NM
2. CHECK APPROPRIATE BO		
TYPE OF SUBMISSION	X(s) TO INDICATE NATURE OF NOTICE, REF	
		ON
Notice of Intent	Abandonment Recompletion Plugging Back	Change of Plans New Construction
Final Abandonment Notice	Casing Repair Attering Casing	Water Shut-Off
<pre>1/4/97 TD AT 3100' NOTIFIED 1/5/96 DETAILED PRODUCTION CASING, SET AT 3094'</pre>	CEMENTED WITH 350 SXS "C" + .8% F1- 10# SALT + 5#/SX GILSONITE PD AT 7	ANSWERING MACHINE.
	ACCEPTED FOR RECORD ORIG. SGD.) DAVID R. CLASS JAN 0 8 1997 BLM 387 148 414	JAN 8 10 00 AN A
1. I hereby certify that the foregoing is true and correct	FNCINEEDING TECHNICIAN	
Signed Kor Foderal or State office use)	TitleENGINEERING TECHNICIAN	Date
Approved by Conditions of approval, if any:	Title	Date
de 18 U.S.C. Section 1001, makes it a crime for any person representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the Unite *See Instruction on Reverse Side	ed States any false, fictitious or fraudulent statements
	Soe menucion on Reverse Side	