

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CLSP
Form C-105
Revised 1-1-89
C-103

DISTRICT I
PO Box 1980, Hobbs, NM 88240

DISTRICT II
PO Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-31624
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CHEYENNE
8. Well No. 1
9. Pool name or Wildcat CARLSBAD MORROW, NORTH

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator MYCO INDUSTRIES, INC.	8. Well No. 1
3. Address of Operator P.O. BOX 840, Artesia, NM 88210	9. Pool name or Wildcat CARLSBAD MORROW, NORTH	

4. Well Location Unit Letter P : 660' Feet From The SOUTH Line and 660' Feet From The EAST Line Section 24 Township 21S Range 27E NMPM EDDY County	10. Elevation (show whether DF, RKB, RT, GR, etc.) 3149' GL
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF : REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: TD & RUN PRODUCTION STRING <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
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5/9/01 TD 12,074' (LOGGER) NOTIFIED MIKE STUBBLEFIELD - NMOCD.

5/10-11/01 RAN 5-1/2" 17# (L-80 & P-110) TO 12,074' (DV @ 9052')

STAGE I: 625-SXS "H" POZ + 5% SALT + 0.7 FL-52 + 0.7 FL-25. CIRC. 58-SXS.

STAGE II: 1,570-SXS (35.65) POZ "C" + 5# SALT + 0.3 FL-25 + 0.7 FL-52 TAIL W/100-SXS "C"



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Isabel Lopez TITLE ENGINEERING TECHNICIAN DATE 5/14/01
TYPE OR PRINT NAME ISABEL LOPEZ TELEPHONE NO. (505)746-0246

(This space for State Use)

ORIGINAL SIGNED BY THE STATE
DISTRICT II SUPERVISOR

MAY 20 2001

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: