Submit 3 copies to Appropriate District Office State of New Mexico d Natural Resources Department	Form C-105 Revised 1-1-89
DISTRICT II PO Box 1980, Hobbs RECEIVED P. O. Box 2088 P. O. Box 2088 P. O. Box 2088 Po Drawer DD, Artesia, PM 88270	WELL API NO. 30-015-31624 5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL X OTHER	CHEYENNE
 2. Name of Operator MYCO INDUSTRIES, INC. 3. Address of Operator P.O. BOX 840, Artesia, NM 88210 	8. Well No. 1 9. Pool name or Wildcat CARLSBAD MORROW, NORTH
4. Well Location Unit Letter P : 660' Feet From The SOUTH Line and 660' Section 24 Township 21S Range 27E NMPM 10. Elevation (show whether DF,RKB,RT,GR,etc.) 3149' GL	Feet From The EAST Line EDDY County
11. Check Apropriate Box to Indicate Nature of Notice, Report	, or Other Data QUENT REPORT OF: ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING CASING CASING TEST AND CEMENT J	PLUG & ABANDONMENT
OTHER: OTHER: FRAC	
 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. 4-27-02: FRAC EXISTING PERFS (11,536' - 48') VIA 5-1/2" CASING W/265-BBLS + N2 + CO2 + 35,000#. WELL PRODUCING FROM MORROW "B". 	
Accepted for record - NMOCD	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE ENGINEERING TECHNICIAN	
TYPE OR PRINT NAME ISABEL LOPEZ B	TELEPHONE NO. (505)746-0246
(This space for State Se) ORIGINAL SIGNED BY THE W. GUM APPROVED BY ONSTRICT IN SUPERVISOR TITLE CONDITIONS OF APPROVAL, IF ANY:	DATEMAY 3 0 2002