

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-105
Revised 1-1-89

451

DISTRICT I
PO Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

DISTRICT II
PO Drawer DD, Artesia, NM 88210

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

WELL API NO. 30-015-31909
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 HELENA 25 FEE COM
8. Well No. 1
9. Pool name or Wildcat UND CARLSBAD MORROW, EAST

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.	3. Address of Operator P.O. BOX 840, ARTESIA, NM 88211-0840
4. Well Location Unit Letter <u>E</u> : <u>1340'</u> Feet From The <u>NORTH</u> Line and <u>1040'</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>21S</u> Range <u>27E</u> NMPM <u>EDDY</u> County		
10. Elevation (show whether DF, RKB, RT, GR, etc.) 3119'		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF :	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>NAME CHANGE</u> <input checked="" type="checkbox"/>		OTHER: <input 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.

4/16/02 NAME CHANGE EFFECTIVE 4/16/02 FROM HELENA #1 TO HELENA 25 FEE COM #1.

CERTIFIED RETURN: 7001 1940 0006 6414 4625

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

SIGNATURE Isabel Lopez TITLE ENG. TECH. DATE 4/16/02
TYPE OR PRINT NAME ISABEL LOPEZ TELEPHONE NO. 746-0246

(This space for State Use)

APPROVED BY Record Only TITLE DATE 4-30-02
CONDITIONS OF APPROVAL, IF ANY: