Submit 3 copies to Appropriate **District Office** 

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals 、.d Natural Resources Department

Form C-105 Revised 1-1-89	د١	2 P
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DISTRICT I PO Box 1980, Hobbs, NM 88240  DISTRICT II PO Drawer DD, Artesia, NM 88210	OIL CONSERVATI P. O. Box 20 Santa Fe, New Mexic	088	WELL API NO. 30-015-31909  5. Indicate Type of Lease STATE FEE X  6. State Oil & Gas Lease No.
DISTRICT III	40		6. State Off & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 874	NOTICES AND REPORTS O	NI MELLO	
	FOR PROPOSALS TO DRILL OR TO DEE		7. Lease Name or Unit Agreement Name
DIFFERENT	RESERVOIR. USE "APPLICATION FOR FORM C-101) FOR SUCH PROPOSALS.)		9
1. Type of Well: OlL WELL	GAS WELL X OTHER	Mi Lol	HELENA 25 FEE COM
2. Name of Operator		PL AFILL	8. Well No.
MYCO INDUSTRIES, INC.		15 0CO. K.	#1
3. Address of Operator		10	9. Pool name or Wildcat
P.O. BOX 840 ARTESIA, NM	88211-0840 (505)748-4288		
4. Well Location	ADADI - I - TI NODT	1040	t From The WEST Line
Unit Letter E = 25	1340' Feet From The NORTI	H Line and 1040' Feet ange 27E NMPM	t From The WEST Line EDDY County
Section 25	10. Elevation (show where		
	heck Apropriate Box to Indicate	Nature of Notice Report or	Other Data
	FINTENTION TO:		ENT REPORT OF :
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
L_I TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG & ABANDONMENT
L_I PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: RUN-CEMENT 4-1/	2" TO TD X
12. Describe Proposed or Comple	ted Operations (Clearly state all pertinent detai	ls, and give pertinent dates, including es	stimated date of starting any proposed
work) SEE RULE 1103. 6-07-02 DRILLER'S TD = 12,0 TOOL SET @ 9007'. STAGE I: 1300-SXS STAGE II: 4200-SXS CIRC. 42-SXS OFF D	20'. LOGGER'S TD = 12,026'. RAN 4-1/2' 15:61:11 POZ "H" CSE + 5% SALT + 5# L	CM-1 + 0.7% FL-52 + 0.7% FL-25. 5% FL-52. TAIL W/100-SXS "H" NE	AT SHOE & COLLAR (UP 2-JTS). DV EAT. N2 MUD START STAGE II 150-SCF/BBL
CERTIFIED RETURN: I hereby certify that the inform SIGNATURE TYPE OR PRINT NAME  (This space for State Use)	nation above is true and complete to the best o	f my knowledge and belief.  NGINEERING TECHNICIAN	DATE 6-15-02 TELEPHONE NO. (505)748-4288
APPROVED BY	DISTRICT II SUPERVISOR		DATE