

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

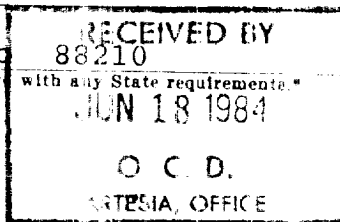
(Other instructions on reverse side)

Expires August 31, 1985

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" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-060613
2. NAME OF OPERATOR MYCO Industries, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 S. 4th, Artesia, New Mexico		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL and 2310' FEL		8. FARM OR LEASE NAME Hole in the Ground Fed.
14. PERMIT NO.		9. WELL NO.
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3131' GL		10. FIELD AND POOL, OR WILDCAT Big Eddy Unit
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T22S-R28E
		12. COUNTY OR PARISH Eddy
		13. STATE NM



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	WELL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OF ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANN	(Other)	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Change surface casing program from: 17 1/2" hole; 13 3/8" csg 48# @357.
to: 14 3/4" hole; 10 3/4" csg 40.5# @357.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Regulatory Secretary DATE 6/13/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE P.E. DATE 6/15/84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side