

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	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 South 4th St., Artesia, NM 88210	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 & 2310 FEL, Sec. 10-T22S-R28E	8. FARM OR LEASE NAME Hole in the Ground Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3131' GR	10. FIELD AND POOL, OR WILDCAT Undes. Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 10-22S-28E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Production Casing, Perforate	<input checked="" type="checkbox"/>		

(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.)

TD 6089'. Ran 145 jts of 15.5# J-55 LT&C casing set 6089'. Regular guide shoe set 6089'. Float set 6047'. Cemented w/750 sx Class C, 5# salt, .6% CF-1, .2% AF-S. Compressive strength of cement - 950 psi in 12 hrs. PD 8:00 AM 6-30-84. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. WOC 18 hrs. WIH and perforated 5929-59' w/11 .50" holes as follows: 5929, 31, 36, 40, 45, 47, 49, 51, 55, 57 and 59'. Acidized perforations 5929-59' w/2000 gallons MOD 101 acid. Swabbed dry. Set CIBP at 5860' w/35' cement on top. WIH and perforated 3741-3759' w/19 .50" holes as follows: 3741, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58 and 59'. Acidized perforations 3741-59' w/1000 gallons 15% HF acid and ball sealers. Swabbed well and recovered load. WIH and perforated 3677-3725' w/23 .40" holes as follows: 3677, 78, 79, 80, 82, 84, 86, 88, 91, 92, 93, 3700, 01, 02, 06, 07, 08, 09, 3710, 20, 21, 22 and 25'. Treated perforations 3677-3725' w/1000 gallons 7½% NEFE acid and 3000 gallons 15% HF acid. Swab tested perforations 3677-3759'. Sand frac'd perforations 3677-3759' w/60000 gallons 75 Quality Foam w/16170 gallons Methanol and gel water, 1,088,000 cu/ft N<sub>2</sub>, 59000# 20/40 and 20000# 10/20 sand.

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

SIGNED [Signature] TITLE Production Supervisor  
ACCEPTED FOR RECORD  
(This space for Federal or State office use)

DATE 8-1-84

APPROVED BY [Signature] TITLE Aug 1 1984  
CONDITIONS OF APPROVAL

DATE

[Signature] NEW MEXICO

\*See Instructions on Reverse Side