

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 060613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Big Eddy Unit

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

105

10. FIELD AND POOL, OR WILDCAT

Undes. Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit H, Sec. 10-T22S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

MYCO Industries, Inc.

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

2310 FNL & 990 FEL, Sec. 10-T22S-R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3136' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Drill out CIBP, frac, name change

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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 WELL NAME:

FROM: Hole in the Ground Federal #2

TO: Big Eddy Unit #105

Propose to drill out CIBP @4050' and frac perforations 5548-5608'.

Note: Name change due to well producing below 5000'.

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

SIGNED

TITLE Production Supervisor

DATE 12-12-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 5-8-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side