

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Budget Bureau No. 1004-0135

Expires August 31, 1985

C/SF

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"/>	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 990 FNL & 990 FEL, Sec. 10-T22S-R28E	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. 106	10. FIELD AND POOL, OR WILDCAT Undes, Delaware	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 10-22S-28E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3339' GR	12. COUNTY OR PARISH Eddy	13. STATE NM							

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

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

Spudded 12-1/4" hole 6:30 PM 1-3-85. Ran 9 joints 8-5/8" 24# J-55 ST&C casing set 376'. 1-guide shoe set 376'. Insert float set 334'. Cemented w/100 sx Pacesetter Lite w/7# sx Hi-seal, 1/4#/sx celloseal and 2% CaCl2 and 100 sx Pacesetter Lite w/2% CaCl2. Tailed in w/100 sx Class "C" w/2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 3:45 AM 1-4-85. Bumped plug to 1000 psi, released pressure and float held okay. After plug was bumped, cement fell back to 68'. Ready mixed to surface. Cement circulated 15 sacks to pit. WOC. Drilled out 2:00 AM 1-6-85. WOC 46 hrs and 15 minutes. NU and tested to 1000 psi for 30 minutes. OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling. Note: Lost circulation at 170', 25% returns at 200' and 75% returns at TD.

I hereby certify that the foregoing is true and correct

SIGNED Francis J. Goodlett TITLE Production Supervisor DATE 1-21-85

(This space for Federal or State office use)

APPROVED BY APL TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side