

Form 31 RECEIVED BY
(November 1983)
(Formerly 9-331)
FEB 12 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
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.
ARTESIA OFFICE "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Big Eddy Unit
2. NAME OF OPERATOR MYCO Industries, Inc.	8. FARM OR LEASE NAME Big Eddy Unit
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	9. WELL NO. 106
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	10. FIELD AND POOL, OR WILDCAT East Indian Draw Delaware
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3339' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit A, Sec. 10-22S-28E
	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate, Treat</u> <input checked="" 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.)

2-6-85. TD 6135'. WIH and perforated 3666-3890' w/20 .42" holes as follows: 3666, 70, 80, 81, 3735, 37, 57½, 59, 70, 73, 75, 77, 81, 3834, 36, 39, 72, 76, 88, and 90'. Acidized perfs 3664-3890' w/3500 gals 15% NEFE acid. WIH and perforated 3664-3889' w/25 .42" holes as follows: 3664, 68, 78, 79, 3736, 57, 58, 68, 69, 71, 72, 74, 76, 78, 79, 80, 3832, 35, 38, 40, 70, 74, 77, 87 and 89'. Frac'd perfs 3664-3890' w/1500 gals 15% NEFE acid, 80000 gals gelled KCL water and 160000# 20/40 sand.

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

SIGNED [Signature] TITLE Production Supervisor DATE 2-7-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side