

Form 3-336
(Rev. 5-23)
RECEIVED BY

JUL 2 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. NAME OF WELL: ARTESIA, NEW MEXICO

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ 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)*

At surface 2310 FNL & 330 FEL, Sec. 9-T22S-R28E

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 3-6-85 16. DATE T.D. REACHED 3-22-85 17. DATE COMPL. (Ready to prod.) 6-20-85 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3137' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6075' 21. PLUG, BACK T.D., MD & TVD 6007' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4079-88'; 5908-15' Delaware 25. WAS DIRECTIONAL SURVEY MADE No 26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC; DLL 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	423'	12-1/4"	250 SX	
5-1/2"	15.5#	6075'	7-7/8"	900 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5935'	

31. PERFORATION RECORD (Interval, size and number)

5908-15' w/8 .42" holes

4079-88' w/9 .42" holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5908-15' w/1000g 7 1/2% HCL+200g. KCL+N2. SF w/15000g X-Link gel+30500# 20/40 sd.	
4079-88' w/1500g 7 1/2% HCL+1000g KCL. SF w/15000g. X-Link gel, 32000# 20/40 sd.	

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
4-20-85		Pumping					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
6-20-85	24	Open	————→	60	20	250	333/1	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
-	-	————→	60	20	250	40°		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

ACCEPTED FOR RECORD

Kevin Hokett

35. LIST OF ATTACHMENTS

Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Production Supervisor

DATE 6-26-85

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference. (Where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s). (If any) for only the interval reported in item 38. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORREL INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Delaware					2569	
Cherry Canyon					3706	
Bone Springs					5987	

ARTESIA FISHING TOOL COMPANY

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ARTESIA, NEW MEXICO 88210

RECEIVED BY

JUN 26 1985

O. C. D.

ARTESIA, OFFICE

MYCO Industries, Inc.
207 South Fourth Street
Artesia, NM 88210

Re: Big Eddy Unit #110
2310' FNL & 330' TEL
Sec. 9, T22S, R28E
Eddy County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
513'	1 3/4"
1025'	1 1/4"
1583'	1 1/2"
1776'	2 1/4"
2012'	3"
2506'	2 3/4"
3014'	1 1/2"
3264'	1 1/2"
3670'	1/2"
4192'	1/2"
4688'	3/4"
5188'	1/2"
5612'	3/4"
6066'	1"
6075'	1"

Very truly yours,



B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO §
COUNTY OF EDDY §

The foregoing was acknowledged before me this 28th day of March, 1985.



REGINA L. GARNER
NOTARY PUBLIC

