|   |   | NW OIT CITT  | Form approved.  |
|---|---|--|---|
| Form 9-331<br>(May 1963)                                    | ITED STATES   |  | Budget Bureau No. 42-R1424.   |
| DEPARTMENT OF THE INTERIOR verse side)<br>GEOLOGICAL SURVEY |   |  | 5. LEASE DESIGNATION AND SERIAL NO.   |
| SUNDRY NOTICES AND REPORTS ON WELLS                         |   |  | LC-060613<br>6. IF INDIAN, ALLOTTEE OR TELBE NAME   |
| (Do not use this form f<br>Use '                            | or proposals to drill or to deepen of<br>APPLICATION FOR PERMIT-" for | or ping back horn (there for jess voir.<br>or such proposals.) |   |
| I.<br>OIL GAS<br>WELL WELL OTHER                            |   | AUG 22 385   | 7. UNIT AGREEMENT NAME<br>BIG EDDY UNIT   |
| WELL X WELL OTHER   |   |  | 8. FARM OR LEASE NAME   |
| MYCO INDUSTRIES, INC.                                       |   | O. C. D.   | Big Eddy Unit Federal   |
|   | 4th Street - Arte   | sia, New Mexico 882  | 9. WELL NO.   |
|   | location clearly and in accordance v                                  |  | 10. FIELD AND POOL, OR WILDCAT  |
| At surface  |   |  | East Indian Draw Delaware   |
| 1140 FNL 330 FEL<br>Sec. 9-T22S-R28E                        |   |  | SUBVEY OF ABEA  |
| bee.  | ) 1220 R201   |  | Sec. 9 - T22S-R28E  |
| 4. PERMIT NO.   | 15. ELEVATIONS (Show w  | · · · · ·  | 12. COUNTY OR PARISH 13. STATE  |
|   | 3136'   | GR   | Eddy N.M.   |
| 3. <b>Cl</b>  | neck Appropriate Box To Ind   | icate Nature of Notice, Report, c                              | or Other Data   |
| NOTICE  | OF INTENTION TO:  | SUB  | SEQUENT REPORT OF:  |
| TEST WATER SHUT-OFF   | PULL OR ALTER CASING  | WATER SHUT-OFF   | X REPAIRING WELL  |
| FRACTURE TREAT  | MULTIPLE COMPLETE   | FRACTURE TREATMENT   | ALTERING CASING   |
| SHOOT OR ACIDIZE  | ABANDON*<br>CHANGE PLANS  |  | ABANDONMENT*  |
| (Other)   |   | (NOTE: Report res  | ults of multiple completion on Well<br>ompletion Report and Log form.)                        |
| 7. DESCRIBE PROPOSED OR COMP                                | LETED OPERATIONS (Clearly state all                                   | pertinent details, and give pertinent da                       | ates, including estimated date of starting any rtical depths for all markers and zones perti- |
| at 7:30 PM<br>Circulate                                     | 1 on August 17, 19<br>25 sx to pit, flo                               | at held OK, WOC 18 h   | nours   |
| nipple up   | test BOP. Drill   | out with 7 7/8 bit   | •   |
|   |   |  |   |
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| 1   | ~   |  |   |
| 3. I hereby certify that the fo                             | regoing is true and correct   |  |   |
| SIGNED Anall  |   | LE Engineer  | DATE8/19/85   |
| (This space for Federal or                                  | -   |  |   |
| APPROVED BACCEPTE<br>CONDITIONS OF APPROV                   | AL, IF ANY:   | LE   | DATE  |
| AU (  | CPD 1985  | tructions on Reverse Side                                      |   |
| CARLSBAD  | , NEV. AND NICC   |  |   |