

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DP

Artesia, NM 88210

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

SEP 28 '94

C. C. D.
ARTESIA OFFICE

1. Type of Well

Oil Gas

☒ Well ☐ Well ☐ Other

2. Name of Operator

MYCO INDUSTRIES, INC.

3. Address and Telephone No.

P O BOX 840, ARTESIA, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1140' FNL & 330' FEL

SEC 9-T22S-R28E NMPM

5. Lease Designation and Serial No.

LC 060613

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BIG EDDY UNIT # 111

9. API Well No.

30-015-25317

10. Field and Pool, or Exploratory Area

E. INDIAN DRAW DELAWARE

11. County or Parish, State

EDDY CO., NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well completion or Recompletion Report and Log Form)

13. 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.)*

GAVE 24 HOUR NOTICE TO BLM ANSWER SERVICE 6 PM 8/8/94

8/10/94:

A - LOAD HOLE WITH 9#/GAL MUD LADEN FLUID

B - SET CIBP @ 3665' SPOT 35' OF CEMENT ON TOP OF CIBP WITH DUMP BAILER

C - PERF 5-1/2" W/4 SQ HOLES @ 455' BROKE CIRC SET CMT SQZ RETAINER

@ 425' PUMP 115-SX TO THE PIT. STUNG OUT OF RETAINER AND PUMP

45-SX CMT

D - SET REGULATION DRY HOLE MARKER

E - CLEAN LOCATION/CUT DEAD MEN

WILL NOTIFY WHEN READY FOR FINAL INSPECTION.

NOTICE: This form is to be used only for the purpose of reporting well operations. It is not to be used for any other purpose. The information provided on this form is for the Bureau of Land Management and is not to be released to the public without the approval of the Bureau of Land Management.

CERTIFIED RETURNED: Z 064 712 743

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

Signed

Linda M. ...

Title ENGINEER TECHNICIAN

Date 8/29/94

(This space is for Federal or State office use)

Approved by

ORIG. SGC, J. ...

Title

... ..

Date

9/26/94

Conditions of approval, if any: