

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

c15F
Op

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504 -2088

WELL API NO.

30-015-29169

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST LOVING FEE

20373

8. Well No.

2

9. Pool name or Wildcat

UND CASS DRAW DELAWARE

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL

Well ☒

GAS

Well ☐

OTHER

2. Name of Operator

MYCO INDUSTRIE, INC.

3. Address of Operator

P.O. BOX 840, ARTESIA, NM 88210

505-748-4260

4. Well Location

Unit Letter C

660'

Feet From The NORTH

Line and

1980'

Feet From The WEST

Line

Section

23

Township

23S

Range

27E

NMPM NM

EDDY

County

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

☐

PULL OR ALTER CASING ☐

OTHER: WELL NAME CHANGE ☒

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1/24/97 PLEASE NOTE: THE WEST LOVING UNIT #4 HAS BEEN CHANGED TO WEST LOVING FEE #2.

RECEIVED

JAN 31 1997

OIL CON. DIV.

DIST. II

Post FD-3
2-7-97

city well
name & #

CERTIFIED RETURN: P 387 148 430

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Isabel Lopez

TITLE

ENG. TECHNICIAN

DATE

1/24/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY

DISTRICT II SUPERVISOR

TITLE

DATE

FEB 5 1997

CONDITIONS OF APPROVAL, IF ANY: