Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103 Revised 1-1-8

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DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504 -2088 P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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.)		WELL API NO. 30-015-29170 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. NA SECTION 7. Lease Name or Unit Agreement Name WEST LOVING UNIT	
1. Type of Well: OIL GAS Well [X] Well [OTHER	DEC 11 '96	
2. Name of Operator MYCO INDUSTRIES, INC.			8. Well No.
3. Address of Operator P.O. BOX 840, ARTESIA, NM	<u>88210 (505)748</u>	-4260 ALLESIA, OFFICE	9. Pool name or Wildcat
4. Well Location Unit Letter F; 1980'		Line and1980 '	UNDES. CASS DRAW DELAWAR
Section 23	222	275	Feet From The WEST Line
Section 23	Township 238	Range 2/E NMPM	EDDY, NM County
11. Ch	neck Appropriate Box to Ind	licate Nature of Notice, Report,	or Other Data
	NTENTION TO:	<u>-</u>	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS	S. PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER: SPUD & SURFACE CASING	<u>K</u>	CASING TEST AND CEMENT. OTHER:	ЈОВ 🗌
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, a	and give pertinent dates, including estin	nated date of starting any proposed
12/7/96 SPUDDED WELL AT 10: NMOCD OF SPUD BY AN	20 PM. ARTESIAL FIS	SHING TOOL #2 WITH 12½'	'BIT. NOTIFIED ARTESIA
AND SET @ 376'. FI PLUG DOWN 10:00 AM CMT TO PIT. NIPPLE	OAT 332'. CMT W/200 12/8/96. BUMPED PLU D UP BOP & TESTED CA	O-Sx "C" + 2% CaC12 (YI JG TO 350# AND FLOAT HI	ELD. CIRCULATED 85-Sxs.
12/9/96 8 AM DRILLING @ 715	" WITH FULL RETURNS.		
CERTIFIED RETURN: P 387 148	3 409		
I hereby certify that the information above is		knowledge and belief.	
SIGNATURE Spalle Co	per TITLE ENG.	TECHNICIAN DATE	12/9/96
TYPE OR PRINT NAME	<i>,</i> 0		TELEPHONE NO.
(This space for SHITINAL SIGNED B DISTRICT II SUPERV.	Y TIM W. GUM		350 4 2 4000
APPROVED BY	TITLE	DATE	JEC 1 2 1996