

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>LC060613</u>
2. Name of Operator <u>MYCO INDUSTRIES, INC</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>207 S 4TH ST, ARTESIA, NM 88210 (505)748-1471</u>	7. If Unit or CA, Agreement Designation <u>BIG EDDY UNIT</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>2310' FNL &amp; 990' FEL Sec. 10-T22S-R28E NMPM</u>	8. Well Name and No. <u>BIG EDDY UNIT #105</u>
	9. API Well No. <u>30-015-25030</u>
	10. Field and Pool, or Exploratory Area <u>E. INDIAN DRAW DELAWARE</u>
	11. County or Parish, State <u>EDDY, NM</u>

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

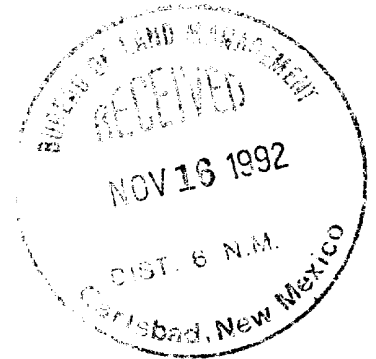
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>DIAGRAM</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

ATTACHED PLEASE FIND UPGRADED FACILITY DIAGRAM

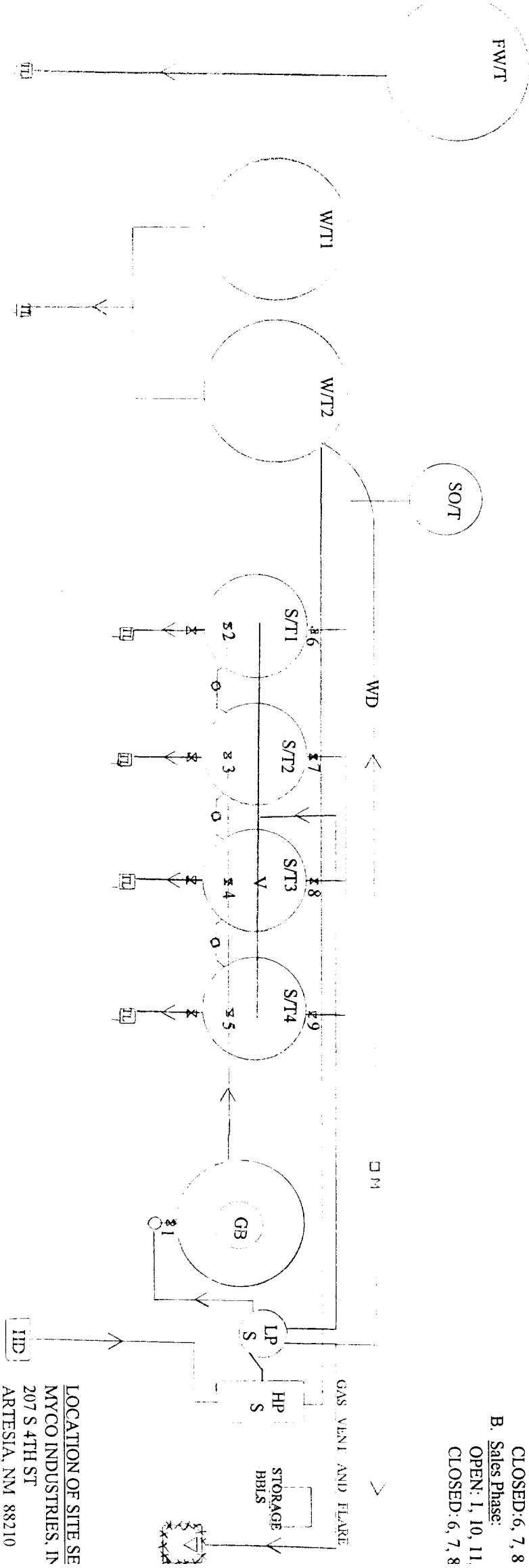
*J. Law*



14. I hereby certify that the foregoing is true and correct  
Signed J. Law Title ENGINEERING TECHNICIAN Date 11/13/92

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date 11/17/92  
Conditions of approval, if any:



- PRODUCTION SYSTEM**
1. Oil Sales By Tank Gau
  2. Seal Requirements:
    - A. Production Phase

OPEN: 1, 2, 3, 4,  
CLOSED: 6, 7, 8
    - B. Sales Phase:

OPEN: 1, 10, 11,  
CLOSED: 6, 7, 8

**LOCATION OF SITE SE**  
 MYCO INDUSTRIES, IN  
 207 S 4TH ST  
 ARTESIA, NM 88210

**SITE FACILITY DIAGRAM**  
 MYCO INDUSTRIES, INC.  
**BIG EDDY #105 LC060613**  
 2310' FNL & 990' FEL UNIT H  
 Sec. 10-T22S-R28E

*J. Enos*