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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Appropriate istrict Office

ISTRICT I O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

Drawer DD. Artesia NM 82210 Santa Fe, New Mexico 87504-2088		87504-2088	30-005-62744	
O. Drawer DD, Arlesia, NM 88210			5. Indicate Type of Lease	
ISTRICT III SEP 26 '90 SEP 26 '90		SEP 20 90	STATE FEE X	
W NO BIEZOS KO., AZISC, NM 8/410			6. State Oil & Gas Lease No.	
SUNDRY NOTICE	S AND REPORTS ON WEL	LS CASICE		
TO NOT USE THIS FORM FOR PHOPOSALS TO DRILL OR TO DEEPEN OR PITTIC RACK T				
DIFFERENT RESERVO FORM C-101	7. Lease Name or Unit Agreement Name			
Type of Well:				
OL MEIT WEIT K	OTHER .		FRANK SR. COM.	
Name of Operator			8. Well No.	
MYCO INDUSTRIES, INC. /			1	
Address of Operator			9. Pool name or Wildcat	
207 SOUTH 4th. ARTESIA, NM. 88210		PECOS SLOPE ABO		
Well Location				
Unit Letter I : 1980'	Feet From The SOUTH	Line and660'	Feet From The EAS' Line	
Section 15	Township 5s Rai	nge 24e N	NMPM CHAVES County	
	10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)		
Check App		Jature of Notice De	uport or Other Date	
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO:				
MOTIOL OF MITEI	THOM TO:	SUBSEQUENT REPORT ()F:		
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
VPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
LL OR ALTER CASING		CASING TEST AND CEMENT JOB		
HER:		OTHER:		
Describe Proposed or Completed Operations work) SEE RULE 1103.	s (Clearly state all persinent details, an	l d give pertinent dates, includ	ling estimated date of starting any proposed of	
DRILLED a 7 7/8" HOLE	TO TD 4191, RAN OPEN H	HOLE LOGS CNL/LDT	C. DLL/MSFL.	

RAN 95 JTS.(4177') OF NEW 4 1/2" 10.5 # J-55 ST&C API CASING W/ HOWCO GUIDE SHOE SET AT 4191' FLOAT COLLAR AT 4147' AND CEMENTED W/ 400 SACKS OF PREMIUM PLUS W/ 5 # SALT & .6 % HALAD 322 PER SACK, PLUG DOWN AT 9:15 PM 9/19/90. TESTED TO 900 # HELD O (. NOW WAITING ON COMPLETION UNIT.

hereby certify that the informat	on aboye is true and complete to the best of my knowle	ulas and balled	
11/	Gressell	TITLE CONSULTANT	DATE
THE OR PRINT HAME W.A. GRESSETT			ПЈЕРИОКЕ №0. 748-1471
his space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF		SEP 2 8 1990
TROVED BY	SUPERVISOR, DISTRICT IT	mle	DATE