

RECEIVED BY  
Form 5100-5  
(November 1983)  
(Formerly 9-13b)  
JUN 04 1985

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

c/sf

O. C. SUNDY NOTICES AND REPORTS ON WELLS  
ARTESIA, OFFICE

Use "APPLICATION FOR PERMIT" for such proposals.)

NM OIL CONS. COMMISSION

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Drawer DD Artesia, NM 88210	5. LEASE DESIGNATION AND SERIAL NO. LC 060613
2. NAME OF OPERATOR MYCO Industries, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME Big Eddy Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FNL & 330 FEL, Sec. 9-T22S-R28E		8. FARM OR LEASE NAME Big Eddy Unit
		9. WELL NO. 110
		10. FIELD AND POOL, OR WILDCAT E. Indian Draw Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H, Sec. 9-22S-28E
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3137' GR	12. COUNTY OR PARISH Eddy
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Perforate, Treat	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

4-16-85. Squeezed perforations 4151-57' w/50 sacks Class C to 1500#.  
4-17-85. Drilled out retainer set above perfs 4151-57'.  
4-19-85. Ran rods and pump.  
4-20 - 4-27-85. Pumped well.  
4-30-85. TD 6075'. POOH w/rods, tubing and pump. WIH and perforated 3884-3921' w/10 .42" holes as follows: 3884, 85, 86, 90, 91, 3917, 18, 19, 20 and 21'. Treated perfs 3884-3921' w/1000 gals HCL acid flushed with 1000 gals KCL.  
5-3-85. Squeezed perfs 3884-3921' w/100 sx Class H Neat + 2% KCL. Squeezed to 1800#.  
5-6-85. Drilled out retainer set at 3859'.  
5-7-85. Frac'd perfs 4079-88' w/15000 gals X-linked gel and 32000# 20/40 sand.  
5-9-85. Set pumping equipment.

Perforations open for production are 4079-88' and 5908-15'.

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

SIGNED Quanta Gooden TITLE Production Supervisor

DATE 5-20-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 3 1985

\*See Instructions on Reverse Side