

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

5. Lease Designation and Serial No.
LC060613

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
BIG EDDY UNIT

8. Well Name and No.
BIG EDDY UNIT #111

9. API Well No.
30-015-25317

10. Field and Pool, or Exploratory Area
E. INDIAN DRAW DELAWARE

11. County or Parish, State
EDDY, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 MYCO INDUSTRIES, INC. ✓

3. Address and Telephone No.
 207 S 4TH ST, ARTESIA, NM 88210 (505) 748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1140' FNL & 330' FEL Sec. 9-T22s-R28E NMPM

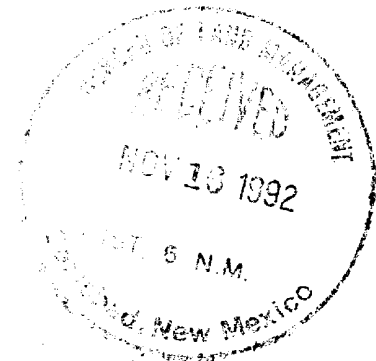
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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



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

Signed [Signature] Title ENGINEERING TECHNICIAN Date 11/13/92

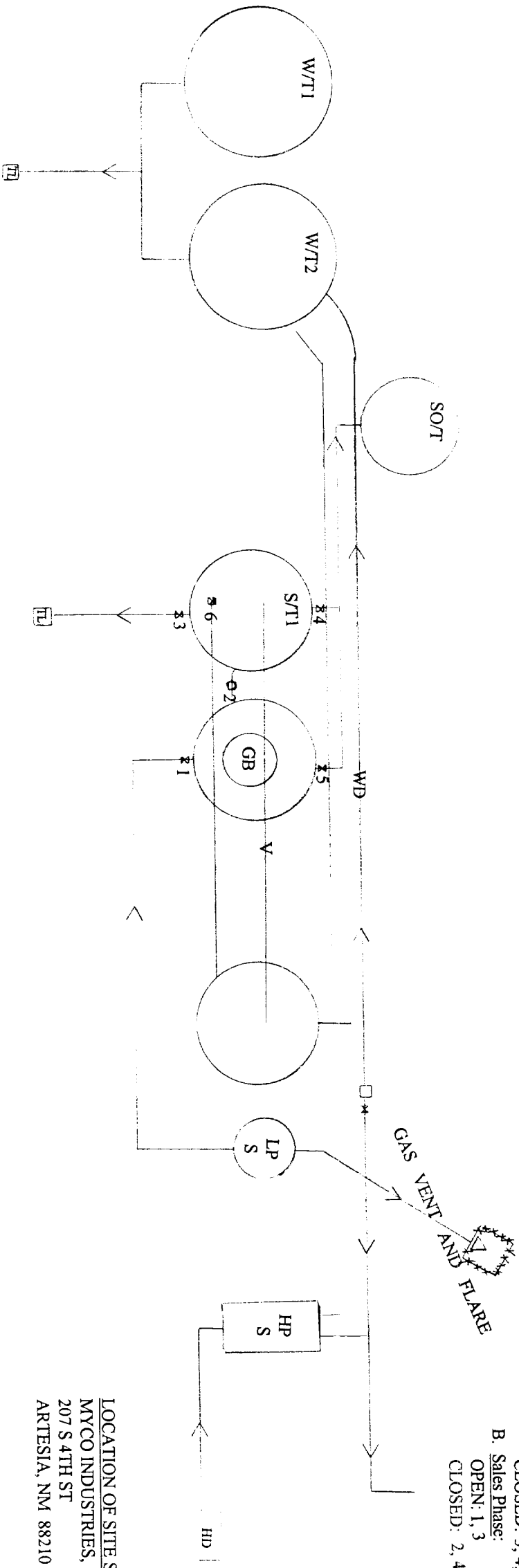
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side



PRODUCTION SYSTEM - OPENED

1. Oil Sales By Tank Gauge To Tank Truck
2. Seal Requirements:
 - A. Production Phase
 - OPEN: 1, 2
 - CLOSED: 3, 4, 5, 6
 - B. Sales Phase:
 - OPEN: 1, 3
 - CLOSED: 2, 4, 5, 6

LOCATION OF SITE SECURITY PLAN:

MYCO INDUSTRIES, INC.
 207 S 4TH ST
 ARTESIA, NM 88210

SITE FACILITY DIAGRAM
 MYCO INDUSTRIES, INC.
 BIG EDDY #111 LC060613
 1140' FNL & 330' FEL UNIT A
 Sec. 9-T22S-R28E