

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MYCO INDUSTRIES, INC.

3. Address and Telephone No.

P.O. BOX 840, ARTESIA, NM 88211-0840 (505) 748-1471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FLS & 660' FEL
SEC. 7-T23S-R32E

5. Lease Designation and Serial No.

NM-622283

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SHARBRO FEDERAL #1

9. API Well No.

30-015-33-54

10. Field and Pool, or Exploratory Area

SAND DUNES BONE SPRING

11. County or Parish, State

LEA, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other FIRST PRODUCTION

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

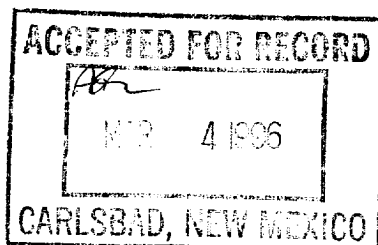
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

FIRST GAS SALES TO GPM ON 11-02-95. BONE SPRINGS PERFS 8976'-9208'.

CURRENTLY TESTING WELL AND PLAN TO FINAL NEXT 10 DAYS TO 2 WEEKS.

NOTE:

ATTACHED CHRONOLOGICAL DRILLING REPORT DATED FROM 8/22/95-11/7/95.



NOV 13 10 00 AM '95
RECEIVED
OFFICE OF THE
ATTORNEY GENERAL

RETURN CERTIFIED: Z 061 313 155

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

Signed

Isabel Lopez

Title

ENGINEERING TECHNICIAN

Date

11/08/95

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date