

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBBS, NEW MEXICO 88240

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.

105 South Fourth Street, Artesia, New Mexico 88210, P.O. Box 840

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

660' FSL and 660' FEL Sec. 7-T23S-R32E

5. Lease Designation and Serial No.  
NM-62223

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Sharbro Federal

9. API Well No.  
#1

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 BUILD LOCATION

☐ 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.)\*

NOTIFIED BLM PER PHONE AT 4:05 p.m. ON 8/21/95 OF INTENT TO BUILD LOCATION COMMENCING ON 8/22/95 AND OF INTENT TO SPUD ON 8/25 OR 8/26/95.

ACCEPTED FOR RECORD

SEP 19 1995

535



CERTIFIED Z 061 313 188

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

Signed

*Isabel Lopez*

Title ENGINEERING TECHNICIAN

Date 8/21/95

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date