

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

N.M. Oil Co., Division
1625 N. French Dr.
Hobbs, NM 88240
 Budget Bureau No. 1004-0135
 Expires: March 31, 1993
 5. Lease Designation and Serial No.
 NM-86151

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 Gas
☒ Well ☐ Well ☐ Other

2. Name of Operator

MYCO INDUSTRIES, INC.

3. Address and Telephone No.

P.O. BOX 840, ARTESIA, NM 88210 (505)748-4274

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

660' FSL & 1980' FEL

SEC.7-T23S-R32E UNIT O NMPM

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No

BLUE QUAIL FEDERAL #1

9. API Well No.

30-025-33222

10. Field and Pool, Or Exploratory Area

SAND DUNES BONE SPRING

11. County or Parish, State

LEA, NM

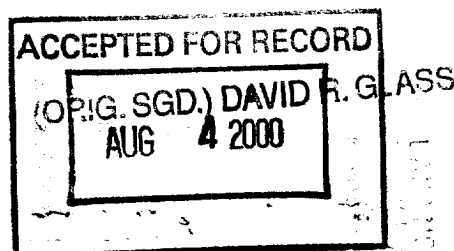
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>UPDATED FACILITY SITE DIAGRAM</u>	<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.) *

PLEASE SEE ATTACHED UPDATED FACILITY SITE DIAGRAM.



2000 JUL 27 P 1:55

CERTIFIED RETURN: 7099 3220 0005 0940 2462

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

Signed

Shabell Lopez

Title ENGINEERING TECHNICIAN

Date 7/24/2000

(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

GWW