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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

JUL 17 PM '96

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

HOBBS, NM

3. Lease Designation and Serial No.

NM-86923

4. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BITSY FEDERAL #1

9. API Well No.

30-025-33398

10. Field and Pool, or Exploratory Area

SAND DUNES BONE SPRING

11. County or Parish, State

LEA

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 88210

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

1980' FNL & 660' FEL

SEC. 7-T23S-R32E Unit Letter H

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

COMMON TANK, AND COMPLETION REPORT

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 IS THE REVISED SITE FACILITY DIAGRAM.

THIS WELL SHARES A COMMON TANK BTRY. WITH THE SHARBRO FEDERAL #1. LEASE # NM-86923 AND THE BLUE QUAIL FEDERAL #1 LEASE # NM-86151. LOCATED UNIT P S7-T23S-R32E(SHARBRO FEDERAL #1) AND UNIT LETTER O S7-T23S-R32E(BLUE QUAIL FEDERAL #1)

ACCEPTED
FOR RECORD

JUL 17 1996

V.R. BALDERAZ

CERTIFIED RETURN: P 387 148 375

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

Signed

Isabel Lopez

Title

ENGINEERING TECHNICIAN

Date

6/13/96

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date