

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Divisi
1825 N. French Dr.
Hobbs, NM 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 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)

2310' FNL & 660' FEL (UNIT H)
SEC. 17-T23S-R32E NMPM

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 #2

9. API Well No.

30-025-34867

10. Field and Pool, Or Exploratory Area

SW DIAMONDTAIL DELAWARE

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 checked="" 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>PAY ADD ADDITIONAL ZONES</u>	<input type="checkbox"/> Dispose Water

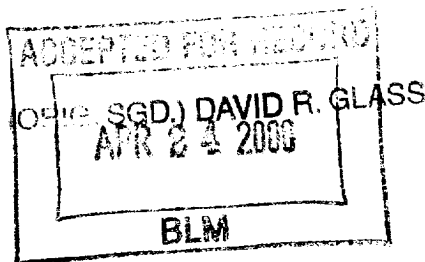
(Note: Report results of multiple completion on Well Completion of Recompletion Report and Log form.)

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.) *

3/20/2000 PERF WITH 4" SELECT FIRE CASING GUNS (0.52") AS FOLLOWS: ZONE #1 7594' (4 HOLES), ZONE #2 7526' (4 HOLES), ZONE #3 7443' (4 HOLES), ZONE #4 7407' (2 HOLES) AND 7399' (2 HOLES), ZONE #5 6893' (2 HOLES) AND 6885' (2 HOLES).

3/31/2000 ISOLATE AND ACIDIZE EACH ZONE WITH 1200-GAL 7-1/2% NEFE. (NO FRAC)

4/12/2000 PUT WELL BACK ON PUMP PRODUCING FROM 6,885' - 8,464' (DELAWARE)



RECEIVED
2000 APR 20 P 2:05
BLM DISTRICT OFFICE

CERTIFIED RETURN: Z 134 978 433

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

Signed

Animunmy, PELS

Title OPERATIONS MANAGER

Date

4/17/00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

ORIGINAL SIGNED BY C. Title WILLIAMS
DISTRICT SUPERVISOR

Date

4/17/00