

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 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

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

2330' FNL & 1980' FEL
UNIT G SEC. 17-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 #3

9. API Well No.

30-025-34868

10. Field and Pool, Or Exploratory Area

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 INTERMEDIATE CASING	<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.) *

2/26/2000 TD 4619'. RAN 107 JOINTS (4619') 8-5/8" 32# HC AND K-55 CASING. GUIDE SHOE SET AT 4619' AND FLOAT COLLAR SET AT 4578'. CEMENTED WITH 1790 SACKS BJ LITE + 1/4# FLOCELE + 5# SALT FOLLOWED BY 200 SACKS "C" + 2% CaCl₂. DISPLACED WITH FRESH WATER.

PD @ 12:00 NOON. CIRCULATED 530 SACKS. BLM CALLED - NO WITNESS. WOC 12 HRS. TEST WELLHEAD TO 1500#. NIPPLED UP BOP. TEST BLINDS 1000# OK. TIH WITH 7-7/8" BIT.

RECEIVED
2000 MAR -21 P 2:53
BUREAU OF LAND MGMT.
CARLSBAD RESOURCE AREA

CERTIFIED RETURN: Z 359 208 997

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

Signed

ANIMUNNY PELS

Title

OPERATIONS MANAGER

Date 2/29/2000

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

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

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