

(June 1990)

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

Lease Designation and Serial No.

NM-62223

If Indian, Allottee or Tribe Name

If Unit or CA, Agreement Designation

Well Name and No.

SHARBRO FEDERAL #5

API Well No.

30-025-34962

Field and Pool, Or Exploratory Area

DIAMONDTAIL DELAWARE

County or Parish, State

LEA, NM

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)748-4260

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

990' FNL & 660' FEL UNIT LETTER A

SEC. 17-T23S-R32E NMPM

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

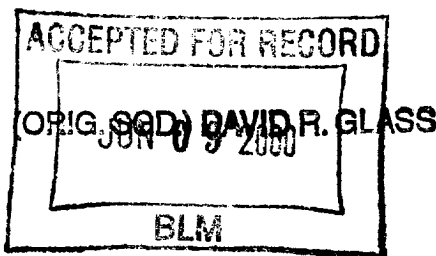
☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other TD & 5-1/2" CASING  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion 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.)

6/3/2000 LOGGER'S TD = 8729' & DRILLER'S TD = 8720'.

6/4/2000 RAN 5-1/2" 17# J-55 & J-80 TO 8720' WITH FLOAT COLLAR @ 8675' & FLOAT SHOE ON BTM. (20-CENT.) CMT WITH 530-6XS 35.65 "C" + .4% FL-50 + 5# SALT + GILSONITE FOLLOWED BY 375-6XS SUPER "C" MOD. + .696# IFL-50 + .348# ICD-32 + 8# GILSONITE + 2# SALT. BUMPED PLUG 5:15 PM, HELD -



CERTIFIED RETURN: Z 134 978 447

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

Signed David M. Munn, PELS

Title OPERATIONS MANAGER

Date 6/05/2000

(This space for Federal or State office use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT / SUPERVISOR Title

Approved by

Conditions of approval, if any:

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

1

Received  
Hobbs  
OCD

20 JUL -9 A 9:57

RECEIVED