

(June 1990)

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

N.M. Oil and Gas 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 88211-0840 (505)748-4274

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

1980' FNL & 660' FWL

SEC. 7-T23S-R32E (UNIT E) 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 #6

9. API Well No.

30-025-35048

10. Field and Pool, Or Exploratory Area

SAND DUNES DELAWARE WEST

11. County or Parish, State

LEA, NM

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

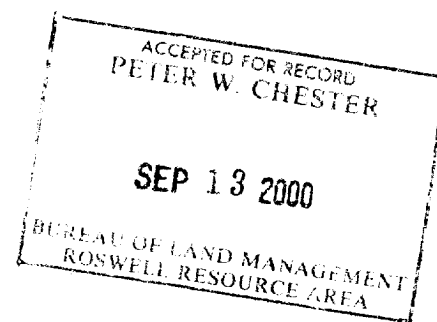
| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|--|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> 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 8-5/8" & 5-1/2" CASING | <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.) *

8/19/2000 TD 4801'. RAN 113 JTS. 8-5/8" 32# W/ SHOE @ 4800' + F.C. @ 4759'. CMT W/ 1,690-SXS LITE + 2% + 1/4# CELLOSEAL FOLLOWED BY 200-SXS "C" + 2%. PD @ 11:45 PM. CIRC. 350-SXS.

8/27, 28/2000 TD 8522' (DRILLER) RAN 208-JTS 5-1/2" J-55 15 1/2 & 17# W/ SHOE @ 8522' & FC @ 8480'. CMT. W/ 220-SXS LITE FOLLOWED BY 550-SXS. 15:61:11 + 5% NaCl + 6% FL52.



CERTIFIED RETURN: 7000 0520 0017 1084 2346

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

Signed

Alvin Mummy, PELS

Title OPERATIONS MANAGER

Date 9/07/00

(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

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