Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

N.M. Oil Co. , Division
1625 N. French Dr.
Hobbs, NM 88240

5. Lease Designation and Serial No.
NM-62223

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well:

| Oil [X] Well | Gas [ ] Well | [ ] Other |

8. Well Name and No.
SHARBRO FEDERAL #7

2. Name of Operator
MYCO INDUSTRIES, INC.

9. API Well No.
30-025-35144

3. Adress and Telephone No.
P.O. BOX 840, ARTESIA, NM 88211-0840 (505)748-4274

10. Field and Pool, Or Exploratory Area
SAND DUNES DELAWARE EAST

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

1980' FSL & 660' FWL

SEC. 7-T23S-R32E (UNIT L) NMPM

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	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[X] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other SURFACE CASING/SPUD	[ ] 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 depts for all markers and zones pertinent to this work.) *

8/29/00 SPUD KEY RIG #10

9/1/00 TD 866' RAN 20-JTS. 13-3/8" H-40. TX. PTRN. SHOE @ 866' & INSERT FLOAT @ 825' CMT. W/ 500-SXS LITE + 1/4 CF + 2% FOLLOWED W/ 200-SXS "C" + 2%. PD @ 5:45 AM. CIRC. 215-SXS. ANDY-BLM WITNESS. WOC.
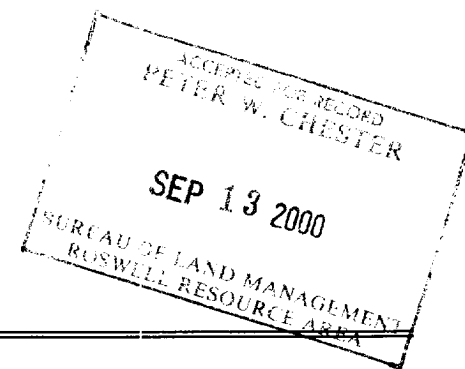
CERTIFIED RETURN: 7000 0520 0017 1084 2346

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

Signed _____ PELS   Title OPERATIONS MANAGER   Date 9/01/00

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

GWW

* See Instruction on Reverse Side

JC