

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Enr Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|   |
|---|
| WELL API NO.<br>30-015-26234  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-9739  |
| 7. Lease Name or Unit Agreement Name<br>BBOC STATE  |
| 8. Well No.<br>4  |
| 9. Pool name or Wildcat<br>TURKEY TRACK SR-Q-G-SA   |

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|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)                 |  |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER   |  |
| 2. Name of Operator<br>MYCO INDUSTRIES, INC.   |  |
| 3. Address of Operator<br>P O BOX 840 ARTESIA, NM. 88211-0840  |  |
| 4. Well Location<br>Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line<br>Section <u>11</u> Township <u>19s</u> Range <u>29e</u> NMPM <u>EDDY</u> County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)   |  |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: PERFORATE AN ADDITIONAL ZONE <input checked="" type="checkbox"/>       | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|   | OTHER: <input type="checkbox"/>                     |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

PROPOSE TO PERFORATE AND TREAT THE SEVEN RIVERS AT SELECTED INTERVALS FROM APPROXIMATELY 1623' to 1686' TREAT AS NECESSARY AND RETURN TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE W.A. Gressett TITLE CONSULTANT DATE 3-22-93  
TYPE OR PRINT NAME W.A. GRESSETT TELEPHONE NO. 748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

APR 14 1993

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: