

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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.

30-015-26272

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9739-19

7. Lease Name or Unit Agreement Name

SAND DUNE STATE

8. Well No.

1

9. Pool name or Wildcat

TURKEY TRACK SR-Q-G-SA

SUNDRY NOTICES AND REPORTS ON WELLS
(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:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

MYCO INDUSTRIES, INC.

3. Address of Operator

P.O. BOX 840, ARTESIA, NM. 88211-0840

4. Well Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 11 Township 19s Range 29e NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3398.1 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: PERF & TREAT SEVEN RIVERS ☒

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.

SET RBP @ 1821 & PERFORATED 10 .42" HOLES AS FOLLOWS 1686, 1688, 1690, 1692, 1694, 1696, 1721, 1724, 1732 & 1734. ACIDIZED WITH 1,350 GALS 15% NEEF, FRAC WITH 40,000 GALS, 30# X-LINK GEL, 49,000# 20/40 SAND & 28,000# 12/20 SAND. PULLED RBP & RETURNED TO PRODUCTION ALL PERFS 1686-2354. PUMP 15 BOPD + 1000 MCFG

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

SIGNATURE

TITLE

DATE

TYPE OR PRINT NAME

Jacque Hooten

TELEPHONE NO. 748-1471

(This space for State Use)

APPROVED BY

TITLE

DATE

SUPERVISOR, DISTRICT II

JUL 29 1993

CONDITIONS OF APPROVAL, IF ANY: