UNITED STATES

FORM APPROVED N.M. Oil Cons. vivision FORM APPROVED Budget Bureau No. 1004-0135

6. If Indian, Allottee or Tribe Name

(Note: Report results ofmultiple completion on Well Completion of Recompletion Report and Log form.

Expires: March 31, 1993

0151

DEPARTMENT OF THE INTERIOR 811 S. 1st Street

BUREAU OF LAND MANAGEMENT Artesia, NM 88210-2834 Ion and Serial No.

SUNDRY NOTIO	CES AND I	REPORTS	ON	WELLS
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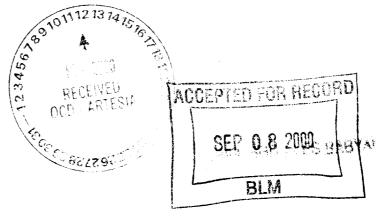
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT---" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well: 8. Well Name and No. Gas **Well** Other Well EAST TURKEY TRACK FED COM #1 2. Name of Operator 9. API Well No. MYCO INDUSTRIES, INC 30-015-26269 3. Adress and Telephone No 10. Field and Pool, Or Exploratory Area (505)748-4274 P.O. BOX 840, ARTESIA, NM 88210 SAND DUNES UPPER PENN 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 1980' FSL & 1980' FEL EDDY, NM SEC. 23-T18S-R29E UNIT LETTER K CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment Notice of Intent **New Construction** Recompletion Non-Routine Fracturing Plugging Back Subsequent Report Water Shut-off Casing Repair Conversion to Injection Altering Casing Final Abandonment Notice UPDATED FACILITY SITE DIAGRAM Dispose Water

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.)

PLEASE SEE UPDATED FACILITY SITE DIAGRAM 8/23/00

statements or representations as to any matter within its jurisdiction.



I hereby certify that the foregoing is true and correct Signed	Title EN	IGINEERING TECHNICIAN	Date 8/23/00
(This space for Federal or State office use)			
Approved by	Title		Date
Conditions of approval, if any:			