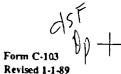
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



2.02.00		•	Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO	N DIVISION	[10-10-10-10-10-10-10-10-10-10-10-10-10-1
DISTRICT II	P.O. Box 208	88 RECEIVED	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	30-015-26183
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		DEC 6'90	5. Indicate Type of Lease STATE X FEE
7220, 1411 8/410		AFC - 20	6. State Oil & Gas Lease No.
STINDBY MOTIV	250 4412 255		B-9739
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PARTITION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)			
			7. Lease Name or Unit Agreement Name
1. Type of Well:	TO THE COMES.		
OIL X GAS WELL X	OTT TO		
2. Name of Operator	OTIER		BBOC STATE
MYCO INDUSTRIES, INC. √	/		8. Well No.
3. Address of Operator			2
207 SOUTH 4th. ARTES	SIA, NM. 88210		9. Pool name or Wildcat
4. Well Location	00210		TURKEY TRACK SR-Q-G-SA
Section 11	Township 19s Ra 10. Elevation (Show whether 3374 GR. Appropriate Box to Indicate I	nge 29e DF, RKB, RT, GR, etc.)	NMPM EDDY County
NOTICE OF INT	ENTION TO:	CLID	epoil of Other Data
-		508	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DESCRIPTION	
PULL OR ALTER CASING		COMMENCE DRILLING	G OPNS. L PLUG AND ABANDONMENT L
		CASING TEST AND CE	EMENT JOB
OTHER:		OTHER: PERF & TI	REAT SEVEN RIVERS ZONE
12. Describe Proposed or Completed Operati	ions (Clearly state all pertinent details as		ding estimated date of starting any proposed
work) SEE RULE 1103.	to the ty state on perioden details, an	a give periment dates, inclu	ding estimated date of starting any proposed
15 % NEFE ACID AND FF 31,000 # 12/20 SD. RE 12/03/90 FLOW 3 BOPD	PERFORATED THE SEVEN RE 57, 1669, 1672, 1676, 16 RAC W/ 40,000 GALS 40 # COVERD LOAD. NO WTR & 125 MCFGPD TED TO PRODUCTION FROM A	078, 1684, & 168 CROSS LINK GEL	8, TREAT W/ 1500 GALS + 44,000 # 20/40 SD &

I hereby certify that the inform	nation above is true and complete to the best of my kno	ow ledge and belief.	
SIGNATURE / / /	2. Gressett	— TITLECONSULTANT	DATE 12/6/90
TYPEOR PRINT NAME W.A. GRESSETT		тталякже no. 748–1471	
(Thus space for State Use)	ORIGINAL SIGNED BY		DEC 1 2 1980
CONDITIONS OF ATTROVAL I	SUPERVISOR, DISTRICT IP	TITLE	DATE