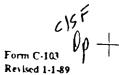
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



JAN 2 3 1990

DISTRICT

DISTRICT II

Revised 1-1-8 OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL ATI NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 30-015-26235 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE[X] FEE | 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-9739 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WILL X **Jan** 16 '90 OTHER BBOC STATE 2. Name of Operator MYCO INDUSTRIES 8 Well No. INC. OL C. D. 3 Address of Operator ARTESIA, OFFICE 207 SOUTH 4th. ARTESIA, NM. 9. Pool name or Wildcat 88210 TURKEY TRACK SR-Q-G-SA 4. Well Location 990 Unit Letter NORTH Feet From The 990 Line and Feet From The Line 11 Section 19s 29e Township **EDDY** NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 3360.2 GR. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER PERFORATION & TREATMENT 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 12/26/89 RAN CBL PBTD 2474' 1/2/90 PERF 11 HOLES AS FOLLOWS 2353, 51, 2237, 35, 33, 31, 29, 27, 23, 21, 16' 1/3-6/90 ACIDIZE W/500 GAL 15% NEFE PERFS 2351-53' - SWAB DRY NO SHOW ACIDIZE W/2500 GAL 15% NEFE FRAC W/34000 GAL CROSS LINK 30 + 45000# 20/40 SAND + 20000# 12/20 SAND PERFS 2216-2237' 1/7/90 PUT WELL TO PUMPING I hereby certify that the information above is true and complete to the best of my knowledge and belief. TILE CONSULTANT TYPE OR PRINT NAME W.A. GRESSFTT (This space for State Use) ORIGINAL SIGNED BY

CONDITIONS OF ATTROVAL, IF ANY:

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT