

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
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

JAN 10 '90

API NO. (assigned by OCD on New Wells)

30-015-26272

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9739-19

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

SAND DUNE STATE

2. Name of Operator

MYCO INDUSTRIES INC.

8. Well No.

1

3. Address of Operator

207 SOUTH 4TH, ARTESIA, NM 88210

9. Pool name or Wildcat

☒ WILDCAT DELAWARE

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

FDDV

County

10. Proposed Depth

5000'

11. Formation

DELAWARE

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3398.1 GR.

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

AFT RIG #2

16. Approx. Date Work will start

JAN. 29, 1990

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11 3/4"	42#	350	250	CIRCULATE
7 7/8"	5 1/2"	15.5 or 17#	5000	1250	CIRCULATE

PROPOSE TO DRILL & TEST THE DELAWARE AND INTERMEDIATE FORMATIONS.
WILL DRILL OUT BELOW SURFACE CASING W/7 7/8" BIT, IF HOLE PROBLEMS ARE
ENCOUNTERED IN THE SALT SECTION, WILL REAM TO 11" HOLE & SET 8 5/8"
INTERMEDIATE CASING.

EOP - 10" 900 SERIES DOUBLE SHAFFER 3000#

APPROVAL VALID FOR 180 DAYS

SIGNED BY 7/11/90

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 1/10/90

TYPE OR PRINT NAME W.A. GRESSETT

TELEPHONE NO. 748-1471

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JAN 10 1990

CONDITIONS OF APPROVAL, IF ANY: