

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. 30-015-26311
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9739-19
7. Lease Name or Unit Agreement Name SAND DUNE STATE
8. Well No. 3
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator MYCO INDUSTRIES, INC.
3. Address of Operator 207 SOUTH 4th. ARTESIA, NM. 88210	4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 11 Township 19s Range 29e NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3371.2 GR.	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
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.	

6/6/ THRU 6/10/90 RAN CNL & CBL LOGS PBTD 2430' PERFORATED 10 .42" HOLES AS FOLLOWS  
2299', 2308', 2314', 2316', 2318', 2320', 2322', 2346', 2350', & 2354'. ACIDIZE W/ 1200  
GALS 15% NEFE, FRAC W/ 34800 GALS CROSS LINK GEL + 45000 # 20/40 SAND & 28000 # 12/20  
SAND. RAN TUBING AND RODS AND PUT WELL TO PRODUCING

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 6/20/90  
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 JUN 29 1990

CONDITIONS OF APPROVAL, IF ANY: