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

State of New Mexico
Energy, Minerals and Natural Resources Department

APR 10 '90

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

O.C.D.
API NO. (Assigned by OCD on New Wells)
ARTESIA, OFFICE
30-015-26336

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9739-19

7. Lease Name or Unit Agreement Name
SAND DUNE STATE

8. Well No.
4

9. Pool name or Wildcat
TURKEY TRACK SR-Q-G-SA

10. Proposed Depth
2600

11. Formation
QUEEN

12. Rotary or C.T.
C.T. & ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)
3378 GR

14. Kind & Status Plug. Bond
BLANKET

15. Drilling Contractor
LA RUE DRILLING

16. Approx. Date Work will start
C.T 4/11/90

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24 #	360	250	CIRCULATE
7 7/8"	5 1/2"	15.5 #	2600	550	CIRCULATE

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 ☐

2. Name of Operator
MYCO INDUSTRIES, INC. ✓

3. Address of Operator
207 SOUTH 4th. ARTESIA, NM. 88210

4. Well Location
Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section 11 Township 19s Range 29e NMPM EDDY County

13. Elevations (Show whether DF, RT, GR, etc.)
3378 GR

14. Kind & Status Plug. Bond
BLANKET

15. Drilling Contractor
LA RUE DRILLING

16. Approx. Date Work will start
C.T 4/11/90

17. PROPOSED CASING AND CEMENT PROGRAM

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WILL SET SURFACE CASING W/ DENNIS TIDWELL CABLE TOOLS, THEN MIRT APPROX. 6/1/90 & DRILL TO TD.
BOP- 10" 900 DOUBLE SHAFFER 3000 #

Post ID-1
4-20-90
New Loc & API

180
10-13-90

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 4/10/90

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 APR 13 1990

CONDITIONS OF APPROVAL, IF ANY: _____

Submit to Appropriate
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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Myco Industries Inc.			Lease Sand Dune State		Well No. 4
Unit Letter 0	Section 11	Township 19 South	Range 29 East	County NMPM	Eddy
Actual Footage Location of Well: 1980 feet from the East line and 660 feet from the South line					
Ground level Elev. 3378.0	Producing Formation QUEEN		Pool TURKEY TRACK SR-Q-G-SA		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

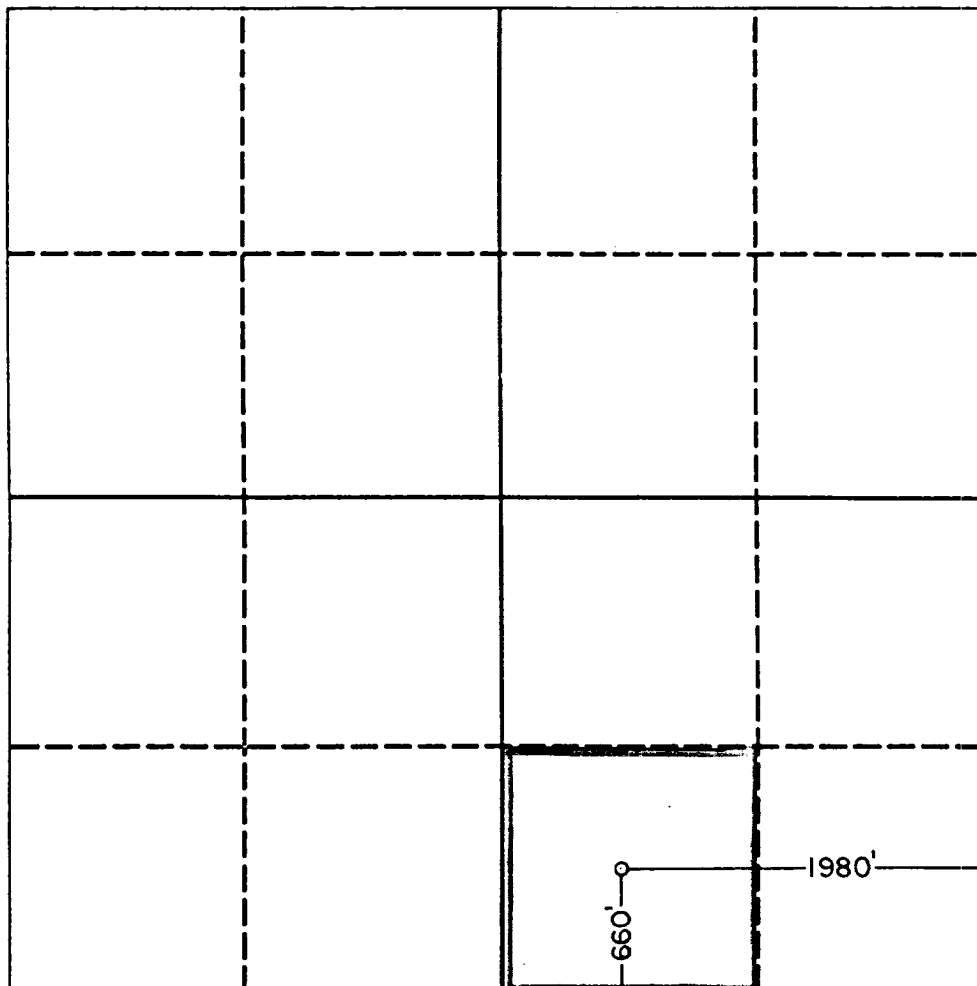
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
W.A. Gressett

Printed Name
W.A. GRESSETT

Position
CONSULTANT

Company
MYCO INDUSTRIES, INC.

Date
3/30/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
January 9, 1990

Signature & Seal of
Professional Surveyor 676

Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239