

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

OIL CONSERVATION DIVISION

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

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

SEP 13 '90

API NO. (assigned by OCD on New Wells) 30-015-26476	
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. 6	
9. Pool name or Wildcat TURKEY TRACK SR-Q-G-SA	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>					
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <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 <u>L</u> : <u>1980'</u> Feet From The <u>SOUTH</u> Line and <u>660'</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>19s</u> Range <u>29e</u> NMPM <u>EDDY</u> County					
10. Proposed Depth 2650		11. Formation QUEEN		12. Rotary or C.T. ROTARY	
13. Elevations (Show whether DF, RT, GR, etc.) 3388.5 GR.		14. Kind & Status Plug. Bond BLANKET		15. Drilling Contractor AFT RIG # 2	
16. Approx. Date Work will start 9/15/90					
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"	23	350	250	CIRCULATED
7 7/8"	5 1/2"	15.5	2650	650	CIRCULATED

BOP - 10" 900 DOUBLE SHAFFER 3000 #

Port ID-1
9-21-90
New Loc & API

APPROVED FOR 180 DAYS
3/14/91
UNLESS OTHERWISE NOTED

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 9/12/90

TYPE OR PRINT NAME W.A. GRESSETT

TELEPHONE NO. 748-1471

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II

CONDITIONS OF APPROVAL, IF ANY:

DATE **SEP 14 1990**