Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

as F

Form C-103 Revised 1-1-89

OCT 3 0 1990

Diazki Olike		•	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	ON DIVISION	
DISTRICT II	P.O. Box 20	088	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	8790ECEIVED	30-015-26476
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE X FEE
		OCT 23 '90	6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WE	115	B-9739-19 V////////
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR D	NI OD DIMO THE ALL TO A	7. Lease Name or Unit Agreement Name
L (FORM C	-101) FOR SUCH PROPOSALS.)	CAJIAINAMOODO, ON TOO	g
1. Type of Well: On. GAS WELL X WELL			-
2. Name of Operator	OTHER		SAND DUNE STATE
MYCO INDUSTRIES, INC.	/		8. Well No.
3. Address of Operator			6
207 SOUTH 4th. ARTES	IA, NM. 88210		9. Pool name or Wildcat
4. Well Location			TURKEY TRACK SR-Q-G-SA
Unit Letter _L : 1980	O Feet From The SOUTH	Line and66	O Feet From The WEST Line
Section 11	-		
	Township 19s p	Range 29e	NMPM EDDY County
<i>\ </i>	3388.5 GR.	or , rato, Kr, OK, Etc.)	
11. Check	Appropriate Box to Indicate	Nature of Nation D	
NOTICE OF INT	LENTION TO:	I cur	eport, or Other Data
		506	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CI	
OTHER:		1	TONS & PROPAGATOR
12. Describe Proposed or Complete I C			
work) SEE RULE 1103.	tions (Clearly state all pertinent details,	and give persinens dases, inclu	uling estimated date of starting any proposed
10/0 10/15/1			
2285, 2286, 2293, 2292	N CBL PBTD 2564 PERFO	RATED 10 0.40" H	OLES AS FOLLOWS
ACIDIZED WITH 1500 GALLONS 15 % NEFE ACID, AND FRAC WITH 880 BARRELS X-LINK GEL WITH 45,000 # 20/40 SAND + 17,000 # 12/20 SAND.			
RAN TUBING AND RODS AND PUT WELL TO PUMPING			
	10 FOURTING		
hereby certify that the information at			
I hereby certify that the information shove is tru		ad belief.	
SIGNATURE W, U, X	ressel	TILECONSULTANT	DATE
TYPE OR PRINT NAME W. A. GRES	SETT		
			TILINONE NO. 7/19 1/71

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

(Thus space for State Use)

CONDITIONS OF A PROPERTY OF ASSESSED