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.
30-015-26476

5. Indicate Type of Lease
STATE [X]   FEE [ ]

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

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

SAND DUNE STATE

2. Name of Operator
MYCO INDUSTRIES, INC.

8. Well No.
6

3. Address of Operator
P.O. BOX 840,   ARTESIA, NM.   88211-0840

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

4. Well Location

Unit Letter ___L___ : __1980__ Feet From The __SOUTH__ Line and __660__ Feet From The __WEST__ Line

Section __11__   Township __19s__   Range __29e__   NMPM   EDDY   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3388.5 GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: PERFORATE ADDITIONAL ZONES [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]

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.

PROPOSE TO PERFORATE THE SEVEN RIVERS AT SELECTED INTERVALS FROM APPROXIMATELY

1654'- 1707'. TREAT AS NECESSARY AND RETURN TO PRODUCTION.

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 6/28/93

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 JUL 2 0 1993

CONDITIONS OF APPROVAL, IF ANY: