

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-193
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. 30-015-30607
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8096
7. Lease Name or Unit Agreement Name CONTINENTAL STATE
8. Well No. 17
9. Pool name or Wildcat TURKEY TRACK 7 RVRS-QN-GB-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 P.O. BOX 840, Artesia, NM 88210

4. Well Location Unit Letter M : 400' Feet From The SOUTH Line and 1200' Feet From The WEST Line Section 10 Township 19S Range 29E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3364' 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: OPEN HOLE LOGS <input checked="" 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.

ENCLOSED 1 COPY OF EACH OPEN HOLE LOG.



CERTIFIED RETURN: Z 359 209 032

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

SIGNATURE Isabel Lopez TITLE ENGINEERING TECHNICIAN DATE 5/7/99

TYPE OR PRINT NAME Isabel Lopez TELEPHONE NO. (505) 748-4260

(This space for State Use)

APPROVED BY Jim W. Sum TITLE District Supervisor DATE 5-18-99

CONDITIONS OF APPROVAL, IF ANY: