

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

FILE

OIL CONSERVATION DIVISION

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

SEP 12 '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

API NO. (assigned by OCD on New Wells)

30-015-26183

5. Indicate Type of Lease
 STATE FEE

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

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

7. Lease Name or Unit Agreement Name
 BBOC STATE

2. Name of Operator
 MYCO INDUSTRIES INC. ✓

8. Well No.
 2

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

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

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

10. Proposed Depth
 2400

11. Formation
 QUEEN

12. Rotary or C.T.
 ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)
 3374 GR.

14. Kind & Status Plug. Bond
 BLANKET

15. Drilling Contractor
 L & M DRLG. RIG # 2

16. Approx. Date Work will start
 9/20/89

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 #	375	300	Circ.
7 7/8"	5 1/2"	15.5 #	2400	500	Circ.

10" SPACE SAVER BLOWOUT PREVENTER WILL BE USED

Posted ID/
 API, NL
 9-8-89

APPROVAL VALID FOR 180 DAYS
 PERMIT EXPIRES 3/13/90
 UNLESS DRILLING UNDERWAY

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 9/12/89

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 _____

SEP 13 1989

CONDITIONS OF APPROVAL, IF ANY: