Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
MAR 20 '90
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-26311

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

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
SAND DUNE STATE

2. Name of Operator
MYCO INDUSTRIES, INC.

8. Well No.
3

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 J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 11 Township 19s Range 29e NMPM EDDY County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
2600	QUEEN	ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3371.2 GR.	BLANKET	LA RUE DRILLING	4/15/90

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"	24 #	360'	250	CIRCULATE
7 7/8"	5 1/2"	15.5 #	2600'	550	CIRCULATE

BOP- 10" 900 DOUBLE SHAFFER 3000#

Post ID-1
3-23-90
Num Loc. & APE

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 9/21/90
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 3/20/90

TYPE OR PRINT NAME W. A. GRESSETT TELEPHONE NO. 748-1471

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAR 21 1990

CONDITIONS OF APPROVAL, IF ANY: