

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.

30-015-26401

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9739-19

7. Lease Name or Unit Agreement Name

SAND DUNE STATE

8. Well No.

5

9. Pool name or Wildcat

TURKEY TRACK SR-ON-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

GAS

Well ☒

Well ☐

OTHER

2. Name of Operator

MYCO INDUSTRIES, INC.

3. Address of Operator

P.O. BOX 840, ARTESIA, NM 88210 (505)748-4260

4. Well Location

Unit Letter

N

990'

Feet From The

SOUTH

Line and

1980'

Feet From The

WEST

Line

Section

11

Township

19S

Range 29E

NMPM

EDDY

County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

☐

PULL OR ALTER CASING ☐

OTHER: ☐

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: FRAC 7-RIVERS ZONE ☐

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.

3-1-97

5-3-97

PERF 7-RVRS 1691-1761' (10-0.38" HOLES) WITH 4" CSG GUN AS FOLLOWS:
1691', 1701', 1703', 1747', 1750', 1752', 1753', 1758', 1760' AND 1761'.

FRAC 1691-1761' WITH 40,000-GAL 30# X-LINK GEL AND 130,000# SAND VIA CSG.

SET CIBP AT 1862'. QUEEN ZONE 2337-2373' DEPLETED.

PUMPING FROM 7-RIVERS, 1691-1761', PBTD 1862'.

CERTIFIED RETURN: P 387 148 435

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

SIGNATURE

Isabel Lopez

TITLE ENG. TECHNICIAN

DATE

5/8/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY

Tim W. Gum

TITLE

DATE

MAY 9 1997

CONDITIONS OF APPROVAL, IF ANY: