

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

*Handwritten initials*

OIL CONSERVATION DIVISION

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

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

RECEIVED

SEP 13 '90

API NO. (assigned by OCD on New Wells)

*31-215-26477*

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.  
 7

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

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

2. Name of Operator  
 MYCO INDUSTRIES, INC. ✓

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

4. Well Location  
 Unit Letter M : 660' Feet From The SOUTH Line and 660' Feet From The WEST Line  
 Section 11 Township 19s Range 29e NMPM EDDY County

10. Proposed Depth  
 2650  
 11. Formation  
 QUEEN  
 12. Rotary or C.T.  
 ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)  
 3372.6 GR.  
 14. Kind & Status Plug. Bond  
 BLANKET  
 15. Drilling Contractor  
 AFT RIG # 2  
 16. Approx. Date Work will start  
 9/25/90

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"	23	350	250	CIRCULATED
7 7/8"	5 1/2"	15.5	2650	650	CIRCULATED

BOP - 10" 900 DOUBLE SHAFFER 3000 #

*Post ID-1  
 9-21-90  
 New Loc & API*

*180 DAYS  
 3/14/91*

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 9/12/90

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 14 1990

CONDITIONS OF APPROVAL, IF ANY: