## **UNITED STATES**

FORM APPROVED			
Budget Bureau No. 1004-0135			
Expires: March 31, 1993			

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(June 1990) DEPARTME	ITED STATES NT OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.
Do not use this form for proposals to d	S AND REPORTS ON WELLS  Irill or to deepen or reentry to a different reservoid DR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMI	T IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well    X Oil   Gas   Other		8. Well Name and No.
2. Name of Operator  Lynx Petroleum Consultant	s. Inc.	Jones D Federal #
3. Address and Telephone No. P.O. Box 1979. Hobbs. NM	88241 505-392-6950	30-015-10278 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey I Unit Letter E	Description)	Lusk Strawn 11. County or Parish, State
1980' FNL & 660' FWL Sec. 24, T-19S, R-31E		Eddy, NM
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	N
Notice of Intent	Abandonment	Change of Plans
Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing Change of Opera	Dispose water
12 Describe Proposed or Completed Oceaning (Clark		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locations and measured and true vertice	l pertinent details, and give pertinent dates, including estimated date of starti al depths for all markers and zones pertinent to this work.)*	ing any proposed work. If well is directionally draited,
	the subject well from Fina Off X 79702-2990. ty for all operations of the we	
Bond Coverage	\$25,000 Statewide Bond No. BO	ML CON. DIV.
Effective Date		DIST. 2
on this lea	perator does not apply to any se. Change of Operator applie 1, Jones B Federal #1, and Jon	s only to Jones
14. I hereby certify that the foregoing is true and correct		·
Signed Mac Wi	Title President	Date3/15/95
(This space for Federal or State office use)  Approved by Conditions of approval, if any:	Trile	Date