Form 3160-5 (November 1994)

## UNITED STATES DEPARTM OF THE INTERIOR

BUREAU ! AND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

990' FSL and 1650' FWL SESW (N)

Section 21, T-22S, R-26E

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

## 5. Lease Serial No.

NM 34247

11. County or Parish, State

Eddy County, NM

| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |                                     |  | 6. If Indian, Allottee or Tribe Name    |  |
|---|-------------------------------------|--|---|--|
|   | SUBMIT IN TRIPLICATE - Other instru | 7. If Unit or CA/Agreement, Name and/or No.      |   |  |
| 1.  | Type of Weil                        | 26689  8. Well Name and No. Oxy Wonder Fedral #1 |   |  |
|   | Oil Well                            |  |   |  |
| 2.  | Name of Operator                    |  |   |  |
|   | Lynx Petroleum Consultants, Inc     | c <b>.</b>                                       | 9. API Well No.                         |  |
| 3a.   | . Address                           | 3b. Phone No. (include area code)                | 30-015-31355                            |  |
|   | P.O. Box 1708 Hobbs, NM 88241       | 505-392-6950                                     | 10. Field and Pool, or Exploratory Area |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  |                                     | :)   | Happy Valley Morrow                     |  |

| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |                      |                       |                                       |                                   |  |  |  |  |  |
|---|----------------------|-----------------------|---------------------------------------|-----------------------------------|--|--|--|--|--|
| TYPE OF SUBMISSION  |                      | TYPE OF ACTION        |                                       |                                   |  |  |  |  |  |
| Notice of Intent  | Acidize Alter Casing | Deepen Fracture Treat | Production (Start/Resume) Reclamation | ☐ Water Shut-Off ☐ Well Integrity |  |  |  |  |  |
| Subsequent Report   | Casing Repair        | New Construction      | ☐ Recomplete                          | Other CHANGE OF                   |  |  |  |  |  |
| ☐ Final Abandonment Notice ☐ Change Plans ☐ Convert to Injecti                    | Change Plans         | Plug and Abandon      | ☐ Temporarily Abandon                 | OPERATOR                          |  |  |  |  |  |
|   | Convert to Injection | Plug Back             | ☐ Water Disposal                      |                                   |  |  |  |  |  |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereo: If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 day following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed one testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

AS REQUIRED BY 43 CFR 3100.0-5(a) AND 43 CFR 3162.3, WE ARE NOTIFYING YOU OF A CHANGE OF OPERATOR ON THE ABOVE REFERENCED LEASE.

LYNX PETROLEUM CONSULTANTS, INC. AS NEW OPERATOR ACCEPTS ALL APPLICABLE TERMS, CONDITIONS, STIPULATIONS AND RESTRICTIONS CONCERNING OPERATIONS CONDUCTED ON THE LEASE OR PORTION OF LEASE DESCRIBED.

LYNX PETROLEUM CONSULTANTS, INC. MEETS FEDERAL BONDING REQUIREMENTS AS FOLLOWS (43 CFR 3104): STATEWIDE OIL & GAS BOND NO. BO2099

|  |   | OCHECEIUS |             |
|--|---|-----------|-------------|
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)   | Title   | TRIES/L   | <del></del> |
| Marc Wise  | President   |           |             |
| Signature Man Win  | Date 3/12/0   |           |             |
| THIS SPACE F   | OR FEDERAL OR STATE OFFICE US                         | Ε         |             |
| Approved by  | Title   | Date      |             |
| Conditions of approval, if any, are attached. Approval of this noticertify that the applicant holds legal or equitable title to those right would entitle the applicant to conduct operations thereon. | te does not warrant or Office ts in the subject lease |           |             |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.