

# OCD-ARTESIA

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
LC-070286

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 'APPLICATION FOR PERMIT' for such proposals

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

N M 72339

8. Well Name and No.  
Emperor Oil Co Federal Gas B Com #1

GAS B Fed com #1

9. API Well No.  
30-015-10465

10. Field and Pool, or Exploratory Area  
Golden Lane; Strawn (Gas)

11. County or Parish, State  
Eddy, NM

### SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Lynx Petroleum Consultants, Inc.

2. Address Telephone No.  
P.O. Box 1708, Hobbs, NM 88241 505-392-6950

3. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 1980' FWL, Unit F, SE/4, NW/4 Section 28, T-20S, R30E

### 12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Connect Gas and Electricity	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work) \*

Well returned to production 10/5/2008.

RECEIVED  
DEC 08 2011  
NMOCD ARTESIA

Accepted for record  
NMOCD

12/9/2011

ACCEPTED FOR RECORD  
DEC 7 2011  
/s/ JD Whitlock Jr  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct

Signed Debbie McKelvey Title Debbie McKelvey, Agent Date 11/23/11  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any