Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OMB No. 1004-0135

|       | Expires November 30, 2 | 00 |
|-------|------------------------|----|
| Leare | Serial No              | _  |

## SUNDRY NOTICES AND REPORTS ON WELLS

| SUNDRY                                                                                                         | NMNM 0490017A                                     |                                                     |                            |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------|
| Do not use this abandoned well                                                                                 | 6. If Indian, Allottee or Tribe Name              |                                                     |                            |                                                                                                         |
| SUBMIT IN TRIP                                                                                                 | 7. If Unit or CA/Agreement, Name and/or No.       |                                                     |                            |                                                                                                         |
| 1. Type of Well                                                                                                |                                                   |                                                     |                            |                                                                                                         |
| Oil Well 🖾 Gas Well 🚨                                                                                          | 8. Well Name and No.                              |                                                     |                            |                                                                                                         |
| 2. Name of Operator                                                                                            | NoAqua Federal "7" No.                            |                                                     |                            |                                                                                                         |
| Lynx Petroleum                                                                                                 | 9. API Well No.                                   |                                                     |                            |                                                                                                         |
| 3a. Address P.O.Box 17                                                                                         | 30-015-34956                                      |                                                     |                            |                                                                                                         |
| Hobbs, NM 882  4. Location of Well (Footage, Sec., 1)                                                          | 10. Field and Pool, or Exploratory Area           |                                                     |                            |                                                                                                         |
| 660'FNL & 660'                                                                                                 | Undes. Avalon: Morrow 11. County or Parish, State |                                                     |                            |                                                                                                         |
|                                                                                                                | Eddy, NM                                          |                                                     |                            |                                                                                                         |
| 12. CHECK APP                                                                                                  | ROPRIATE BOX(ES) TO                               | O INDICATE NAT                                      | URE OF NOTICE, R           | EPORT, OR OTHER DATA                                                                                    |
| TYPE OF SUBMISSION                                                                                             |                                                   |                                                     |                            |                                                                                                         |
|                                                                                                                | Acidize                                           | Deepen                                              | Production (Star           | t/Resume) Water Shut-Off                                                                                |
| Notice of Intent                                                                                               | Alter Casing                                      | Fracture Treat                                      | Reclamation                | ☐ Well Integrity                                                                                        |
|                                                                                                                | Casing Repair                                     | New Construction                                    | Recomplete                 |                                                                                                         |
| - Subsequent Report                                                                                            | Change Plans                                      | Plug and Abandon                                    |                            |                                                                                                         |
| ☐ Final Abandonment Notice                                                                                     | Convert to Injection                              | Plug Back                                           | ☐ Water Disposal           | udda ca omaa gaay                                                                                       |
| testing has been completed. Find determined that the site is ready for 2/15/07 Perfora                         | al Abandonment Notices shall                      | be filed only after all re  Morrow pa               | quirements, including recl | in a new interval, a Form 3160-4 shall be filed once amation, have been completed, and the operator has |
| 14. I hereby certify that the foregoin Name (Printed/Typed)                                                    | g is true and correct                             |                                                     |                            |                                                                                                         |
| Larry R. Scott                                                                                                 | - 7-11                                            | Title                                               | President                  |                                                                                                         |
| Signature Karry                                                                                                | 2 Scott                                           | Date                                                | 2/8/07                     |                                                                                                         |
| <i></i>                                                                                                        | THIS SPACE                                        | FOR FEDERAL OF                                      | STATE OFFICE USI           | APPROVED                                                                                                |
| Approved by                                                                                                    |                                                   |                                                     | Title                      | Date                                                                                                    |
| Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to | d or equitable title to those rig                 | ice does not warrant or<br>hts in the subject lease | Office                     | FEB 1 2 2007                                                                                            |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make TREGERIES WAS GITTLE United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

PETROLEUM ENGINEER