Form 3160-5
(June 1990)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

OCD-ARTESIA

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

5. Lease Designation and Serial No.
NMLC 063622

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

SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation

1. Type of Well

☐ Oil Well   ☒ Gas Well   ☐ Other

SEP - 9 2008

OCD-ARTESIA

8. Well Name and No.
Pacer 28 Federal #1

2. Name of Operator
Lynx Petroleum Consultants, Inc.

9. API Well No.
30-015-32178-00-X1

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

10. Field and Pool, or Exploratory Area
Lusk

3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)
Sec. 28, T-19S, R-3E, SWNE 1880' FNL & 1980' FEL, Unit Letter G

11. County or Parish, State
Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☒ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other GAS CONNECT AND INITIATE PRODUCTION	☐ 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.)*

Approximately September 28, 2003:

Connected gas to sales line and placed well on production.
24-hr. test: 70 BW, 897 MCF, and 0 BW

ACCEPTED FOR RECORD

SEP 1 0 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

ACCEPTED FOR RECORD

SEP 7 2008

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 08/22/08
(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any.