Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
35-025-05005

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LC-1796-1

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name
State AR

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER SWD

2. Name of Operator
Lynx Petroleum Consultants, Inc.

8. Well No.
1

3. Address of Operator
P. O. Box 1979, Hobbs, NM 88241

9. Pool name or Wildcat
Echols - Devonian

4. Well Location
Unit Letter K : 660 Feet From The North Line and 1980 Feet From The West Line

Section 2 Township 11S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3957' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

13 3/8" @ 340' C
8 5/8" @ 4255' C
5 1/2" @ 11500' Plug back to convert to SWD
PBTD 4521' Stub

1. Spot 100' cement plug 4520-4420'.
2. Load hole w/10# salt gel - 25# per barrel.
3. Spot 100' cement plug 4300-4200' and tag plug.
4. Spot 100' plug top of salt 2200-2100'.
5. Spot 100' plug 390-290'.
6. 10 sx surface plug.
7. Install marker and clean location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE President DATE 3/20/91

TYPE OR PRINT NAME TELEPHONE NO

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: