

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br>30-015-35194 and 30-015-38144   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>EO-0997   |
| 7. Lease Name or Unit Agreement Name<br>EDDY BD STATE   |
| 8. Well Number<br>2 and 3   |
| 9. OGRID Number<br>13645  |
| 10. Pool name or Wildcat<br>SEE BELOW   |

**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.)

1. Type of Well:  Oil Well - #3  Gas Well - #2  Other

2. Name of Operator  
LYNX PETROLEUM CONSULTANTS, INC.

3. Address of Operator  
P.O. BOX 1708, HOBBS, NM 88241

4. Well Location  
 Unit Letter \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line  
 Section 32 Township 20S Range 30E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

|   |   |  |  |
|---|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>  |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                        | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>                          | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>                         | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>                           |   |  |  |
| OTHER: SURFACE COMMINGLE GAS ONLY <input checked="" type="checkbox"/> |   | OTHER: <input type="checkbox"/>                  |  |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Lynx Petroleum Consultants, Inc. respectfully requests Administrative Approval to surface commingle (pool commingle) gas production only for the following two wells:

| Well Name  | API          | Unit Letter | Pool                          |
|------------|--------------|-------------|-------------------------------|
| Eddy BD #2 | 30-015-35194 | B           | Golden Lane;Morrow(Gas)       |
| Eddy BD #3 | 30-015-38144 | G           | WC-015 G-07 S203032G;WOLFCAMP |

PC-1263  
 This order is subject to like approval by the State Land Office.  
 Approval recommended

The gas production from the two wells will be combined into a single DCP sales meter located at UL J, Sec. 32, T-20S, R30E, Eddy Co., NM. The #2 well will be measured prior to commingling; it will have an orifice check meter at UL B, and will be continuously measured; see attached diagram. These wells are located within the same State lease, and the ownership is identical. The State Land Office has been formally notified of this application.

Daniel K. Beards  
 Examiner  
 9-18-13

Spud Date:  Rig Release Date:

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

SIGNATURE Debbie McKelvey TITLE AGENT DATE 8/13/13  
 Type or print name Debbie McKelvey E-mail address: debmckelvey@earthlink.net PHONE: 575-392-3575

**For State Use Only**

APPROVED BY: [Signature] TITLE Director DATE 9/18/13  
 Conditions of Approval (if any):