

(April 2004)

UNITED STATES  
DEPARTMENT OF THE INTERIOR **COCD-ARTESIA**  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

***SUBMIT IN TRIPLICATE – Other instructions on reverse side.***

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

2 Name of Operator  
 Lynx Petroleum Consultants, Inc.

3a. Address  
 P.O. Box 1708, Hobbs, NM 88241

3b Phone No. (include area code)  
 575-392-6950

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 At surface: 660' FSL & 660' FEL Section 23, T19S, R31E  
 At prod. Zone: 464' FSL & 664' FEL Section 23, T19S, R31E

5 Lease Serial No.  
 NMNM 0107697

6 If Indian, Allottee or Tribe Name

**RECEIVED**

APR - 8 2010

7 If Unit or CA, Agreement, Name and/or No

**NMOCD ARTESIA**

8. Well Name and No  
 Jones Federal "B" No. 3

9. API Well No.  
 30-015-10394

10. Field and Pool, or Exploratory Area  
 Lusk

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			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete -Sidetrack	<input checked="" type="checkbox"/> Other Perforate & Acidize
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13 Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**PERFORATE AND FRAC:**

Perforate 3<sup>rd</sup> Bone Spring 9699-9702 and 9708-9720' w/ 4 JSPF. Frac 3<sup>rd</sup> Bone Spring at 50 BPM w/4000 gals. 7 1/2% HCL-NE-FE acid + 1000 lbs. 20/40 Brown sand + 10,000 lbs. 14/40 Liteprop 108 + 4000 lbs. 20/40 Super LC (total fluid 3303 bbls.). Treating pressures: Min - 4036, Max - 5745, Avg - 4810. ISIP - 3606, 5 min - 2991, 10 min - 2881, 15 min - 2820. Set CIBP @ 9600'. Test CIBP to 3000 psi. Perforate 2<sup>nd</sup> Bone Spring 92009220' and 9279-9289' w/1 JSPF. Frac 2<sup>nd</sup> Bone Spring at 50 BPM w/2000 gals. 7 1/2% HCL-NE-FE acid +1000 lbs. 20/40 Brown sand + 14,000 lbs 14/40 Liteprop 108 + 4000 lbs. 20/40 Super LC (total fluid 4395 bbls.). Treating pressures: Min - 2926, Max - 4056, Avg - 3497, ISIP - 2463, 5 min - 2182, 10 min - 2174, 15 min - 2166. Set CIBP at 9100'. Test CIBP to 3000 psi OK. Perforate 1<sup>st</sup> Bone Spring 8408-8426', 8432-8438', and 8545-8551' w/1 JSPF. Frac 1<sup>st</sup> Bone Spring @ 50 BPM w/2000 gals. 7 1/2% HCL-NE-FE acid + 1000 lbs. 20/40 Brown sand + 14,000 lbs. 14/40 Liteprop 108 + 4,000 lbs. 20/40 Super LC (total fluid 4438 bbls.). Treating pressures: Min - 3003, Max - 3663, Avg - 3183, ISIP - 2375, 5 min - 2100, 10 min - 2096, 15 min - 2046. Set CIBP @ 8300'.

14 I hereby certify that the foregoing is true and correct  
 Name (Printed/Typed) DEBBIE MCKELVEY

Title AGENT

Signature

*Debbie McKelvey*

Date 1/29/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

**ACCEPTED FOR RECORD**

*/s/ Chris Walls*  
 APR 7 2010  
 Date

BUREAU OF LAND MANAGEMENT  
 CARLSBAD FIELD OFFICE

*DJ. 4-8-10*