

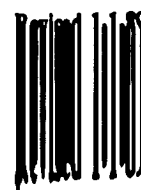
Submit 3 Copies

to Approve  
District Office

State of New Mexico



Form C-103



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

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.

30-015-21106

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☐

GAS

WELL ☒

OTHER ☐

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address of Operator

P.O. Box 1979, Hobbs, NM 88241

4. Well Location

Unit Letter C : 660 Feet From The North Line and 2020 Feet From The West Line

Section 18

Township 18S

Range 27E

NMPM

Eddy

County

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

3287' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. Spot 30 ~~sxs~~ cement on top of Model D packer at 8997'.

2. Load hole with brine mud.

3. Cut and pull 5 1/2" casing at + 7500'.

4. Spot 30 sxs cement stub plug 7550-7450'. Tag plug. 4410-4310

5. Spot 30 sxs cement ~~5100-5060~~ 6250-6150'. Spot 30 sxs cement ~~3600-3500~~ 2045-1945'. Tag plug.

6. Spot 30 sxs cement 1240-1140'. Spot 30 sxs cement 250-150'.

Spot 10 sxs cement surface plug. Install marker. Clean location.

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

SIGNATURE

TITLE

President

DATE

10/5/95

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

OCT 13 1995

CONDITIONS OF APPROVAL, IF ANY: