Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-8

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89	· Op

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

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 X
OT A Guilland No.	

DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PE DIFFERENT RES	TICES AND REPORTS ON WE ROPOSALS TO DRILL OR TO DEEPE ERVOIR. USE "APPLICATION FOR P C-101) FOR SUCH PROPOSALS.)	NOR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well:			Kaiser Com.
OE WELL WELL X	OTHER	/	8. Well No.
 Name of Operator Lynx Petroleum C 	onsultants. Inc.		1
3. Address of Operator	Olisarcanes, Inc.		9. Pool name or Wildcar
P.O. Box 1979, H	obbs, NM 88241		Red Lake Penn
4 91 19 5		Line and202	0 Feet From The West Line
	100	275	NMPM Eddy County
Section 18		Range Z/E er DF, RKB, RT, GR, etc.)	V/////////////////////////////////////
	3287'	GR	<u> </u>
11. Check	Appropriate Box to Indicate	Nature of Notice, R	Report, or Other Data
	ITENTION TO:	SUE	BSEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	p	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	' }	
PULL OR ALTER CASING	_	CASING TEST AND C	EMENT JOB L
OTHER:		OTHER:	
work) SEE RULE 1103.			cluding estimated date of starting any proposed
1. Set CIBP @ 8	8980'. Spotted 35'	cement on to	op/of CIBE N 2 1005
	1-1 = 1/2" anding :	From 5500'.	
2 Spotted 25 s	sxs cement plug 62! 550-5180' (tagged)	50-6010'. Spo	otted Odlax's Cement)[V
4. Spotted 30 : 2045-1919'	sxs cement plug 44: (tagged plug @ 191	10-4310'. Spo 9').	otted 50 sxs cement
5. Spotted 30 plug 250-10	sxs cement plug 12 0'. Spotted 10 sx	s cement surr	tted 30 sxs cement ace plug.
6. Cut off wel	lhead. Installed	dry hole marke	er. 12-1-95
7. Cleaned loc	ation.		er. Post FD-2 12-1-95
I hereby certify that the information above is to	rue and complete to the best of my knowledge an	d belief.	
SIGNATURE /// auc	the	mme Preside	ent pate/////
77	lise		TELEPHONE NO. 505-392-6950
TYPE OR PRINT NAME MAIC W	1130		

DATE 12/18/95