

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address and Telephone No.

P.O. Box 1979, Hobbs, NM 88241 505-392-6950

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter I
1980' FSL & 660' FEL
Sec. 25, T-19S, R-31E

5. Lease Designation and Serial No.

NMNM-0107697

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Jones B Federal #1

9. API Well No.

30-015-10056

10. Field and Pool, or Exploratory Area

Lusk Strawn

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change in Operator
Effective Date
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please change the effective date of Change in Operator from 2/1/95 to 3/1/95.

RECEIVED

MAY 15 1995

OIL CON. DIV.
DIST. 2

MAY 11 1995

SJS

RECEIVED
MAR 31 2 29 AM '95
BUREAU OF LAND MGMT.
HOBBS, N.M.

14. I hereby certify that the foregoing is true and correct

Signed Deborah McKelvey Title Agent Date 3/29/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: