

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD FORM APPROVED  
Artesia, NM 88020 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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NMNM-0107697</b>
2. Name of Operator <b>Lynx Petroleum Consultants, Inc.</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>P.O. Box 1979, Hobbs, NM 88241 505-392-6950</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Unit Letter I 1980' FSL &amp; 660' FEL Sec. 25, T-19S, R-31E</b>	8. Well Name and No. <b>Jones B Federal #1</b>
	9. API Well No. <b>30-015-10056</b>
	10. Field and Pool, or Exploratory Area <b>Lusk Strawn</b>
	11. County or Parish, State <b>Eddy, NM</b>

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> 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.)\*

1. Determine if 5 1/2" casing is in place. If it is, go to Step #3. If not, proceed to Step #2.
2. Locate 5 1/2" casing stub. Test liner top to 500 psi. Squeeze as necessary.
3. Clean out 5 1/2" to 6900'.
4. Set CIBP @ 6892' w/35' cement on top.
5. Block squeeze Delaware as needed.
6. Perforate Delaware 4695-4704'.
7. Swab test and stimulate as necessary.

RECEIVED  
MAY 15 1995  
OIL CON. DIV.  
DIST. 2  
APR 13 11 01 AM '95  
RECEIVED

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

Signed Ray W. Long Title Vice President Date 4/12/95

(This space for Federal or State office use)

Approved by Eng. Signed by Shannon J. Shaw Title PETROLEUM ENGINEER Date 5/11/95  
Conditions of approval, if any: