

N. M. Oil Conservation Division

811 S. 1ST St.

ARTESIA, NM 88210-2834

c15F

Form 3160-5
(June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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 1708, Hobbs, NM 88241 505-302-6955

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

Sec. 27, T-19S, R-31E

1880' FNL & 660' FWL

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

5. Lease Designation and Serial No.

NM-94845

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal HJ-27 No. 1

9. API Well No.

30-015-25780

10. Field and Pool, or Exploratory Area

Hackberry,
Bone Spring, East

11. County of 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 Adding Perforations

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

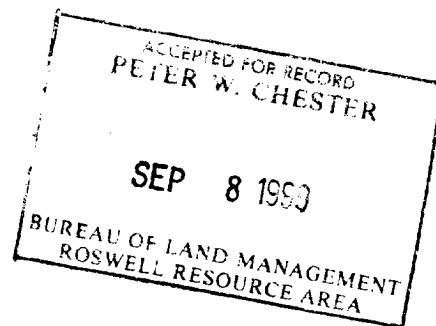
☐ Conversion to Injection

☐ 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.)*

1. Pulled rods and tubing.
2. Pulled R.B.P. from 8335' (7/15/99)
3. Reran rods and tubing and returned well to production.



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

Signed

Title

President

Date

8/6/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: