

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 re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

Conservation  
N.M. Div. Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210  
FORM APPROVED  
BMB No. 1004-0135  
Expires November 30, 2000  
Serial No. 007697  
If the well is a lease, give the lease name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

|  |   |  |
|--|---|--|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other       |   | 7. If Unit or CVA Agreement, Name and/or No.                     |
| 2. Name of Operator<br>Lynx Petroleum Consultants, Inc.  |   | 8. Well Name and No.<br>Radar 24 Federal #1                      |
| 3a. Address<br>P.O. Box 1708 Hobbs, NM 88241   | 3b. Phone No. (include area code)<br>505-392-6950 | 9. API Well No.<br>30-015-31357                                  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>U.L. "C", 660' FNL and 1980' FWL<br>Section 24, T-19S, R-31E |   | 10. Field and Pool, or Exploratory Area<br>LUSK; Bone Spring, W. |
|  |   | 11. County or Parish, State<br>Eddy County, NM                   |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Recomplete     | <input type="checkbox"/> Other          |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

7/30/01

1. Set C.I.B.P. at 11375'. Dump bailed 35' of cement on top.
2. Perforated Bone Spring 9874'-80' w/ 4 jsfp.
3. Ran tubing, pump and rods.
4. Test for commercial production.

Well Tested: 100 BWPD, 0 BOPD, 0 MCFPD



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

Name (Printed/Typed)

Marc Wise

Title President

Signature

*Marc Wise*

Date 9/27/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approve  
Condition  
Certify  
which  
Title 1  
States

**Well Completion or Recompletion Report  
And Log (Form 3160-4) Required After All  
Recompletion Work Has Been Completed.**

|  |                     |
|--|---------------------|
| ACCEPTED FOR RECORD  |                     |
| Title  | SGD. DAVID R. GLASS |
| Date   | OCT 24 2001         |
| Rank or<br>lease   | Office              |
| any person knowingly and willfully to make to any department or agency of the United<br>within its jurisdiction. |                     |
| DAVID R. GLASS<br>PETROLEUM ENGINEER   |                     |

RECEIVED  
2001 SEP 28 AM 8:50  
TO THE DIRECTOR