	UNITED STATE DEPARTMEN 5 THE I BUREAU OF LD MANA	NTERIOR	Oil ⊂ r N.M. DIv-E	S. Exp	KM APPROVELJ B No. 1004-0135 ires July 31. 1996 io.
Do not use th	Y NOTICES AND REPO is form for proposals to bil. Use Form 3160-3 (API	drill or to re-enter	1301 W. Grani r <i>al</i> artesia NM	d Avenue	IM 05470 C
SUBMIT IN TRIPLICATE - Other Instructions on reverse side				7. If Unit or CA/	Agreement, Name and/or No.
1. Type of Well Ø Oil Well Gas Well	<b>D</b> Other	<del></del>	134567.99	8. Well Name an	d No.
<ol> <li>Name of Operator Lynx Petroleum</li> <li>Address</li> </ol>	Consultants, In	3b. Phone No. (incl	ude area ogas)	Margaret 9. API Well No. 30-015	<u> 13 Fed. #1</u> 5-31730
P.O. BOX 1708 H 4. Location of Well (Footage, Sec.		505-392·	-6950 175314 31		L or Exploratory Area at Wolfcamp (Oil)
Unit "N", 860' Section 13, T-1		an a	Opp. Salar	11. County or Par Eddy Cou	
12. CHECK AP	PROPRIATE BOX(ES) T	O INDICATE NAT	URE OF NOTICE, R	EPORT, OR OT	HER DATA
TYPE OF SUBMISSION		· · · · · · · · · · · · · · · · · · ·	TYPE OF ACTION	·····	
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonment Notice</li> </ul>	<ul> <li>Acidize</li> <li>Alter Casing</li> <li>Casing Repair</li> <li>Change Plans</li> <li>Convert to Injection</li> </ul>	<ul> <li>Deepen</li> <li>Fracture Treat</li> <li>New Construction</li> <li>Plug and Abandon</li> <li>Plug Back</li> </ul>		L X	Water Shut-Off Well Integrity Other <u>Surface</u> <u>Casing</u>
following completion of the inv testing has been completed. Fi determined that the site is ready Spudded at 8 Ran 13 3/8", Class "C"-+	he work will be performed or pro- olved operations. If the operation nal Abandonment Notices shall for final inspection.) :00 am August 2 48#, J-55, ST& 2% CaCl2 + 4% B mped plug. Floa	n results in a multiple c be filed only after all re 6, 2001. D: C casing to entonite fo	rilled 17½" h 710'. Cemen 10wed by 350	in a new interval, a innation, have been iole to 71 ited with sxs Clas	Form 3160-4 shall be tiled one completed, and the operator ha
14. I hereby certify that the foregoin Name (Printed/Typed) Marc Wise	ng is true and correct	Title	President		
Signature		Date	8/27/01	Capy only	
- man m	THIS SPACE	FOR FEDERAL OF	STATE OFFICE USE		
Approved by			Title	Date	
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rig conduct operations thereon.	hts in the subject lease			
Title 18 U.S.C. Section 1001, mak fraudulent statements or representa	tes it a crime for any person kno tions as to any matter within its ju	wingly and willfully to irisdiction.	make to any department of	r agency of the Uni	ted States any false, fictitious or
(Instructions on reverse)					



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BUREAU OF LAND MGMT. BORFAU OF LAND MGMT