Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR

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

BUREAU OF	LAND MANAGEMENT JAN 202	15. Lease Designation and Serial No.
SUNDRY NOTICES	AND REPORTS ON WELLS	NMNM-080258
Do not use this form for proposals to dr	rill or to deepen or reentry to a different response DR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT	T IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I Type of Well  ☐ Gas		
Well Well Other		8. Well Name and No.
2. Name of Operator		Lynx C Federal #2
	nergy Corporation /	9. API Well No.
3. Address and Telephone No.	30-025-00565	
	Artesia, NM 88211-0960 (505)748-1288	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T. R., M. or Survey De	escription)	Maljamar GB SA
1650 FSL & 660	FEL, Sec. 15-T17S-R32E, I	11. County or Parish, State
		Lea, NM
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	. TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
$\nabla$	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	I pertinent details, and give pertinent dates, including estimated date of starting call depths for all markers and zones pertinent to this work)*	g any proposed work. If well is directionally drilled,

All requirements have been completed for plugging. Please consider this as final abandonment and approve.

I hereby certify that the foregoing is true and correct  Signed	Production Clerk	Date	2/27/07
(This space for Federal or State office use)  Approved by	SPET	Date	1-10-15
e 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to epresentations as to any matter within its jurisdiction.	make to any department or agency of the Unite	d States any false, ficti	tious or fraudulent sta

\*See Instruction on Reverse Side

\*\*MUS/OCD 1/Z1/Z015\*\*

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