

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MEXICO 83240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 054687
2. NAME OF OPERATOR Lynx Petroleum Consultants, Inc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1666, Hobbs, NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650'FSL & 1650' FWL		8. FARM OR LEASE NAME Lynx Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4031 GL	9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Maljamar Gr-Sa
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec 15 T-17S R-32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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) Perforate 3807-13 & 3831-37
- 2) Acidize interval w/800 gals 15% HCL & Frac w/11,000 gals gel and 15,000# sd
- 3) Perforate 3742-48
- 4) Acidize interval w/588 gals 15% HCL & Frac w/11,000 gals gel and 15,000# sd
- 5) Put new and existing zones back on pump

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

SIGNED Ray W. Farney TITLE V-P DATE 4/2/85

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD** TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: See

APR 4 1985

*See Instructions on Reverse Side

030 019 804 011 9300A

RECEIVED

APR 11 1985

**O.C.D.
MICHAEL BERGE**

030 019 804 011 9300A