

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

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5 Lease Designation and Serial No. NMNM 3620	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation NMNM111028	
8. Well Name and No. Kitty Hawk Federal 1	
9. API Well No. 30-015-32746	
10. Field and Pool, or Exploratory Area Watkins; Bone Springs	
11. County or Parish, State Eddy County, NM	

SUBMIT IN TRIPLICATE

1 Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA, Agreement Designation NMNM111028	
2 Name of Operator Lynx Petroleum Consultants, Inc.		8. Well Name and No. Kitty Hawk Federal 1	
2. Address P.O. Box 1708, Hobbs, NM 88241		9. API Well No. 30-015-32746	
Telephone No. 505-392-6950		10. Field and Pool, or Exploratory Area Watkins; Bone Springs	
3. Location of Well (Footage, Sec., T, R, M., or Survey Description) UL J, 1980 FSL & 1850 FEL, Sec. 1, T19S, R31E		11. County or Parish, State Eddy County, NM	

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> 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)\*

7/8/10 to 7/14/10

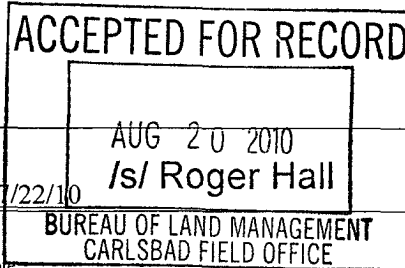
- MIRU. Pull rods and pump. ND wellhead. NU BOP. Unset tbg. anchor. Tally tbg. out of hole.
- Set RBP @ 6100'. RU Schlumberger. Perforate Delaware 5187-90', 5195-99', 5341-43', 5346-50', 5354-57', 5360-65', 5413-16', 5418-22', 5472-76', 5486-94', and 6006-6012' w/ 1 JSPF (57 holes total).
- TIH w/treating packer and RBP w/ ballcatcher.
- Test tubing in hole to 5000 psi. Set RBP @ 6055'. Test RBP to 1000 psig - OK.
- Pull up and set packer @ 5090'. Load annulus w/2% KCL TFW and pressure to 500 psi.
- Acidize upper Delaware dolomite perms 5187-6012' w/3800 gals. 15% HCL-NE-FE acid w/100 ball sealers.
- Flow well back until dead.
- Release packer. Drop down and latch RBP. TOOH.
- TIH w/OEMA, SN, 55 jts. 2 3/8" tbg., tbg. anchor, and 155 jts. 2 3/8" tbg. Set tbg. at 6778'.
- ND BOP. NU wellhead. Run rods and pump. Return well to production.
- 24-hr test 7/20/10: 4 BO, 0 MCF, 33 BW

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

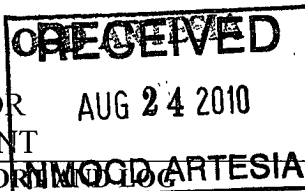
Signed Debbie McKelvey Title Debbie McKelvey, Agent Date 7/22/10

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any

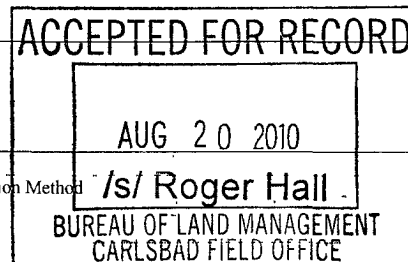


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**WELL COMPLETION OR RECOMPLETION REPORT**

1a TYPE OF WELL <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other						5 LEASE SERIAL NO. NMNM3620			
1b TYPE OF COMPLETION <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Diff Resvr						6. IF INDIAN, ALLOTEES OR TRIBE NAME			
2 NAME OF OPERATOR <b>LYNX PETROLEUM CONSULTANTS, INC.</b>						7. UNIT OR CA AGREEMENT NAME			
3. ADDRESS <b>P. O. BOX 1708, HOBBS, NM 88241</b>						8. LEASE NAME AND WELL NO. <b>Kitty Hawk Federal 1</b>			
3A PHONE NO <b>575-392-6950</b>						9 API WELL NO. <b>30-015-32746</b>			
4 LOCATION OF WELL (Report location clearly and in accordance with Federal requirements)* At surface <b>UL J, 1980' FL &amp; 1850' FEL, Sec. 1, T19S, R31E</b>						10 FIELD AND POOL, OR EXPLORATORY <b>Hackberry; Delaware Northeast</b>			
At top prod. Interval reported below <b>SAME</b>						11 SEC., T, R, M, OR BLOCK AND SURVEY OR AREA <b>1, 19S, 31E</b>			
At total depth <b>SAME</b>						12. COUNTY <b>Eddy</b>		13. STATE <b>NM</b>	
14 DATE SPUDDED <b>12/17/03</b>		15 DATE TD REACHED <b>1/21/04</b>		16 DATE COMPLETED <input type="checkbox"/> D&A <input checked="" type="checkbox"/> Ready to Prod 6/10/09		17 ELEVATIONS (DF, RKB, RG, GL)* <b>3636' GL</b>			
18 TOTAL DEPTH MD TVD <b>12270</b> Same		19 PLUG BACK TD MD TVD <b>8215</b> Same		20 DEPTH BRIDGE PLUG SET: MD <b>8250</b> TVD <b>8250</b>					
21. TYPE ELECTRIC & OTHER MECH LOGS RUN (Submit copy of each)						22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)			
23 CASING AND LINER RECORD (Report all strings set in well)									
Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cmt Depth	No. of Sks. & Type of Cmt	Slurry Vol. (Bbl)	Cement Top*	Amount Pulled
17 1/2	13 3/8 H	48	0	755		628	217	Surface	0
11	8 5/8 K	32	0	4500		1236	398	Surface	0
7 7/8	5 1/2 P&N	17	0	12270		2050	628	4450 T.S.	0
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2 3/8	6788'								
25 Producing Intervals									
Formation		Top	Bottom	26 Perforation Record		Size	No. of Holes	Perf Status	
A) Delaware		6661	6752	Perforated Interval					
				6661-72(10 holes), 6676-84(20 holes)		.40	30	Open	
B) Delaware		5187	6012	5187-6012		.40	57	Open	
27 Acid, Fracture, Treatment, Cement Squeeze, etc									
Depth Interval		Amount and Type of Material							
6661-6752		4730 bbls. 2% KCL water + 15,000# BJ Liteprop pumped @ 50 BPM							
5187-6012		3800 gals. 15% HCL-NE-FE							
28 Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
6/11/09	6/22/09	24	→	38	0	46	38		P
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→	38	0	46	38	Producing	
28a Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
7/14/10	7/20/10	24	→	4	0	33	38		P
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
				4	0	33	38	Producing	



## 28b Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
		24	→						
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

## 28c Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
			→						
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

29 Disposition of Gas (Sold, used for fuel, vented, etc )

Sold

## 30 Summary of Porous Zones (Include Aquifers)

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem test, including depth interval tested, cushion used, time tool open, flow and shut-in pressures and recoveries

Formation	Top	Bottom	Descriptions, Contents, etc

## 31 Formation (Log) Markers

Name	Top Meas	Depth

32. Additional remarks (include plugging procedure):

33 I indicate which items have been attached by placing a check in the appropriate boxes

- ☐ Electrical/Mechanical Logs (1 full set req'd)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other

34 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print) Debbie McKelvey Title AGENT

Signature Debbie McKelvey Date 7/22/10 7/22/10