

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993  
Lease Designation and Serial No  
LC-070286

**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

OCT 28 2008  
OCD-ARTESIA

|   |                              |  |
|---|------------------------------|--|
| <b>SUBMIT IN TRIPLICATE</b>   |                              | 6 If Indian, Allottee or Tribe Name                                  |
| 1 Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other             |                              | 7 If Unit or CA, Agreement Designation                               |
| 2 Name of Operator<br>Lynx Petroleum Consultants, Inc.  |                              | 8 Well Name and No<br>Emperor Oil Co Federal Gas B Com #1            |
| 2. Address<br>P.O. Box 1708, Hobbs, NM 88241  | Telephone No<br>505-392-6950 | 9. API Well No.<br>30-015-10465                                      |
| 3. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1980' FNL & 1980' FWL, Unit F, SE/4, NW/4 Section 28, T-20S, R30E |                              | 10. Field and Pool, or Exploratory Area<br>Golden Lane; Strawn (Gas) |
|   |                              | 11. County or Parish, State<br>Eddy, 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 checked="" type="checkbox"/> Other Connect Gas and Electricity | <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.)\*

Gas connected on 10/5/08. Produced well on generator until electricity connected.  
Electricity connected on 10/7/08.

24-hr. test 0 BO, 45 MCF, and 135 BW

ACCEPTED FOR RECORD

OCT 29 2008

Gerry Guye, Deputy Field Inspector  
NMOCD-District II ARTESIA

ACCEPTED FOR RECORD

OCT 17 2008

SJGhans

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

Signed Debbie McKelvey Title Debbie McKelvey, Agent Date 10/10/08  
(This space for Federal or State office use)

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